

Tobacco Cessation



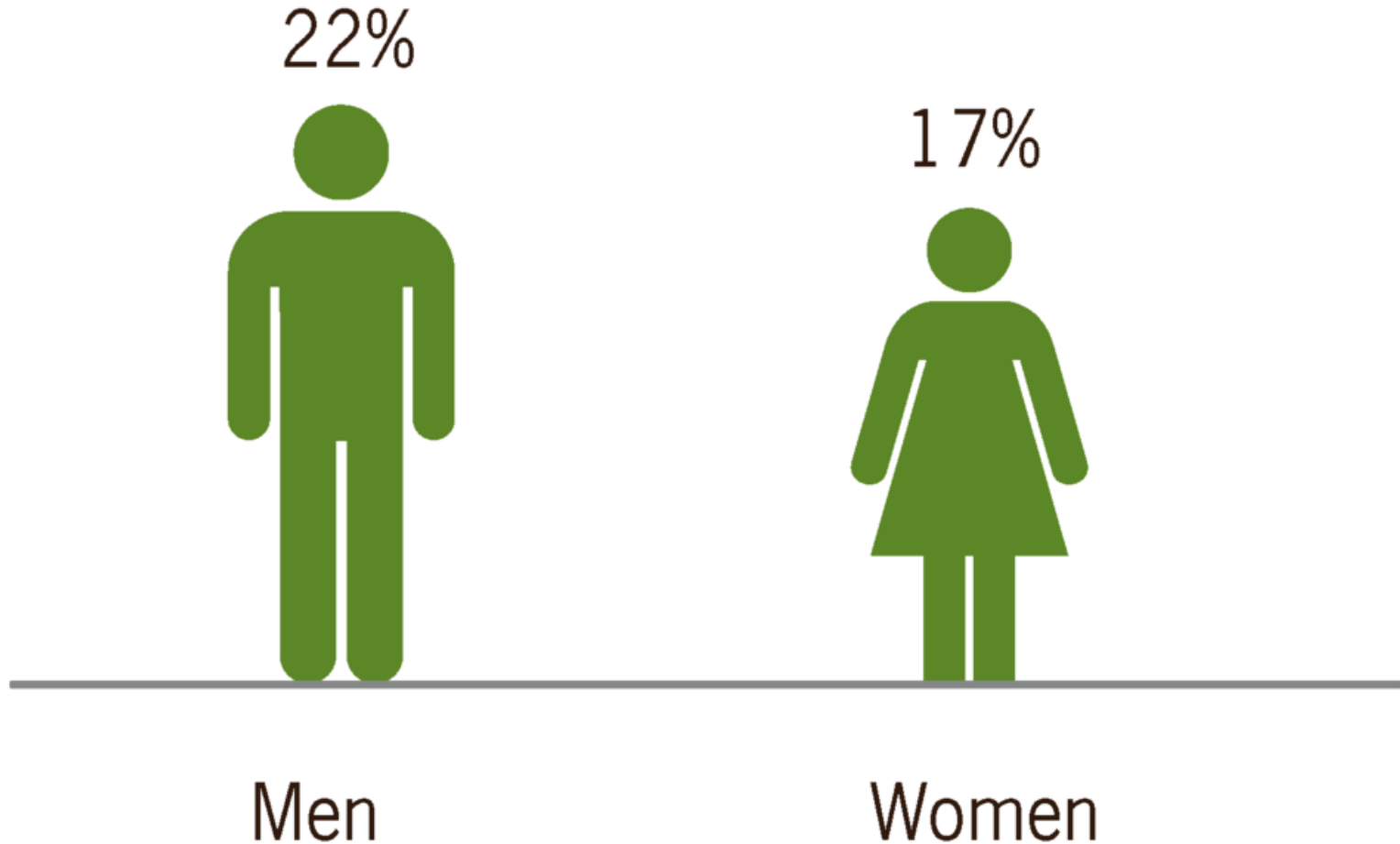
Bob Newhart video clip



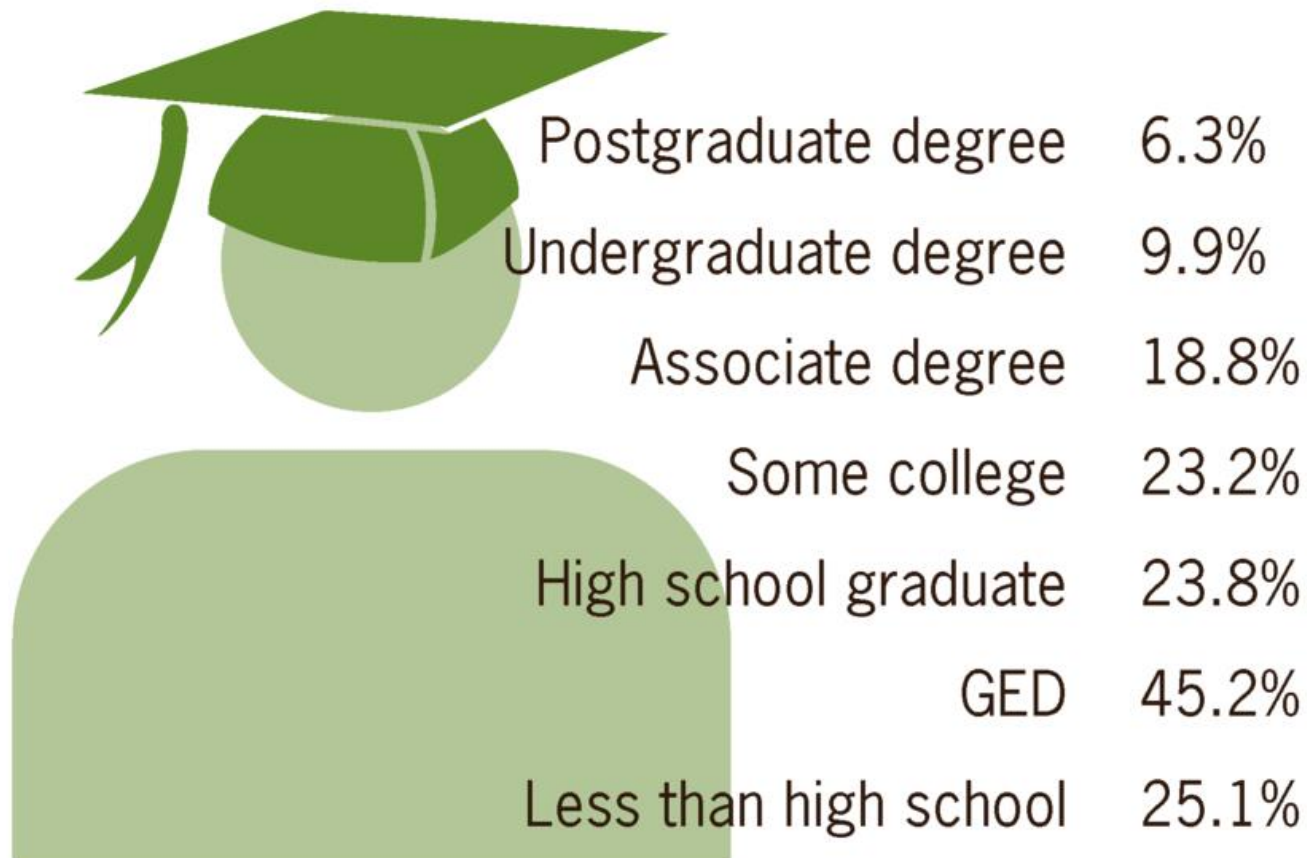
<http://www.youtube.com/watch?v=oZ4-JFKAXVM&hd=1>

- ◆ Tobacco caused 435,000 deaths in 2000, and yet only 45% of patients say their physician has ever discussed smoking cessation with them, and only 15% were offered any assistance on how to quit
- ◆ Unfortunately, chiropractors are not doing much better. If our claims of being expert in wellness care are to be credible, this must change
- ◆ We should treat smoking status as the fifth vital sign, and ask all patients about their smoking status
- ◆ If your patient is a smoker, you must encourage them to quit, and support them in their quit attempt

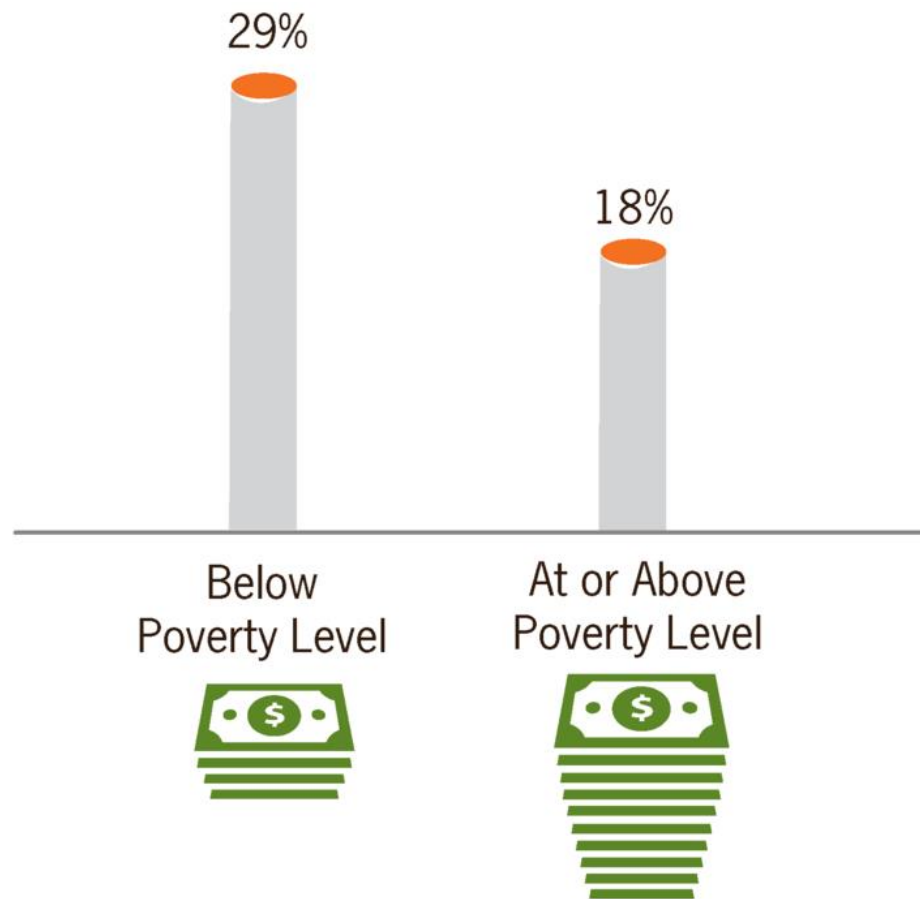
Percent of adults who smoke by sex



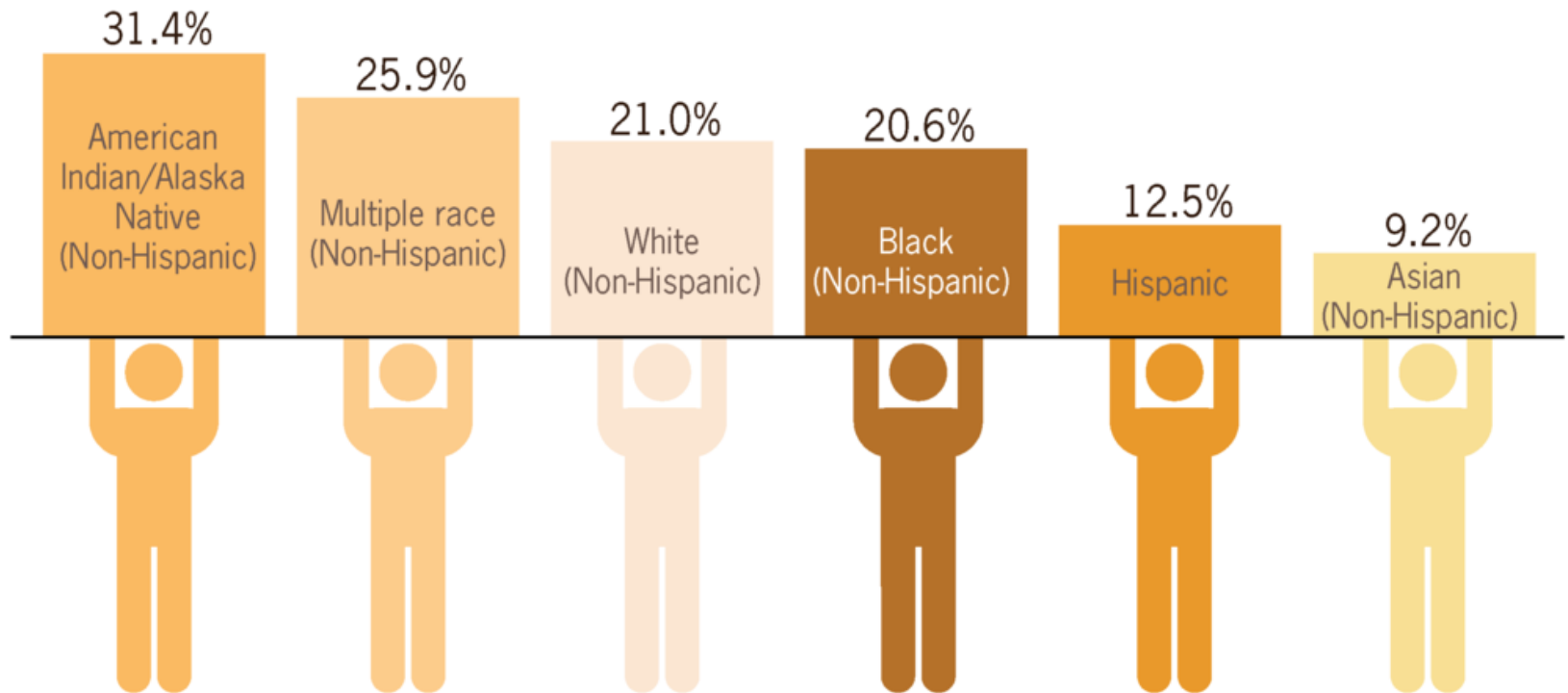
Percent of adults who smoke by education level



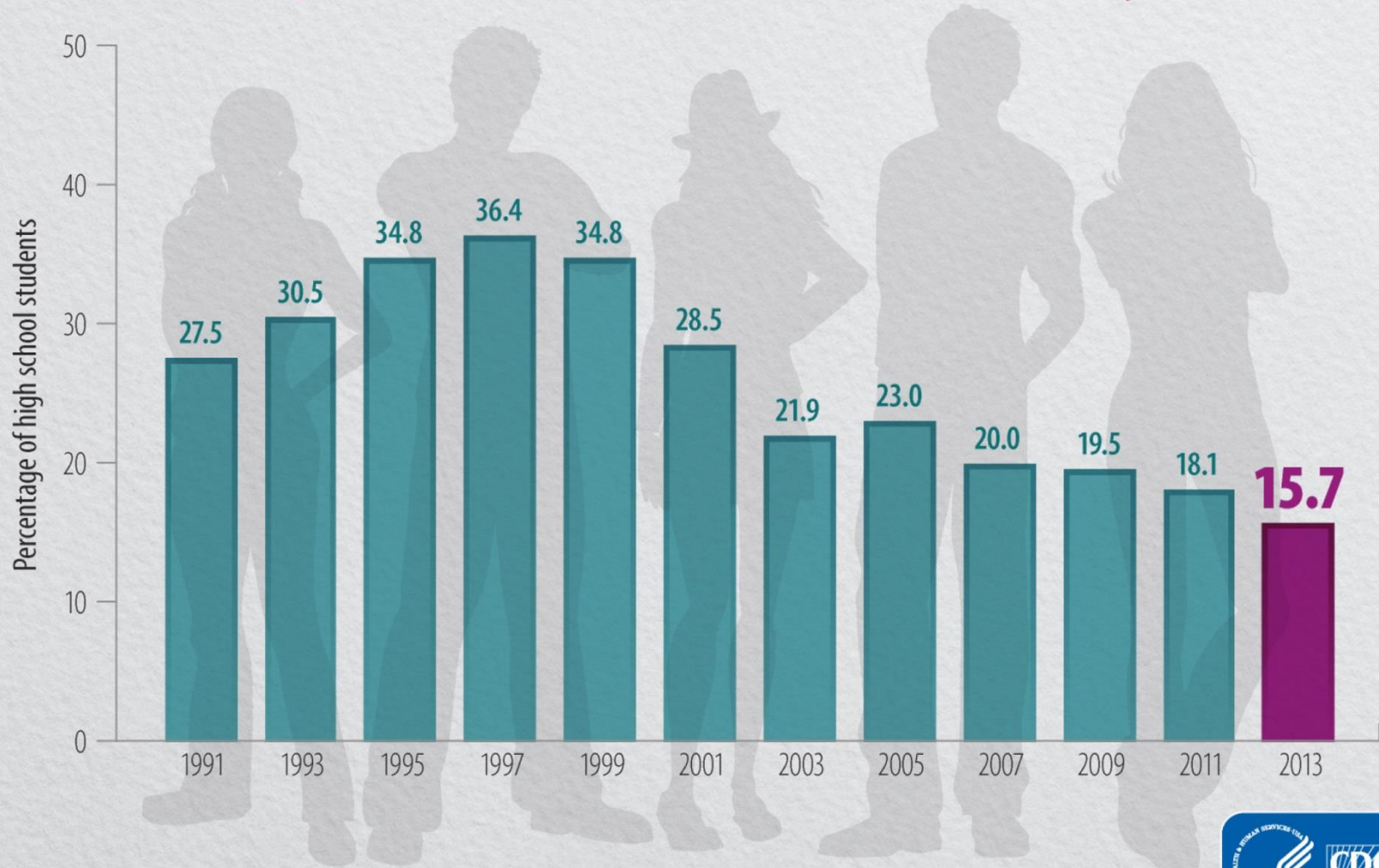
Percent of adults who smoke by poverty level



Percent of adults who smoke by racial/ethnic group



Current cigarette smoking among U.S. high school students **lowest in 22 years**

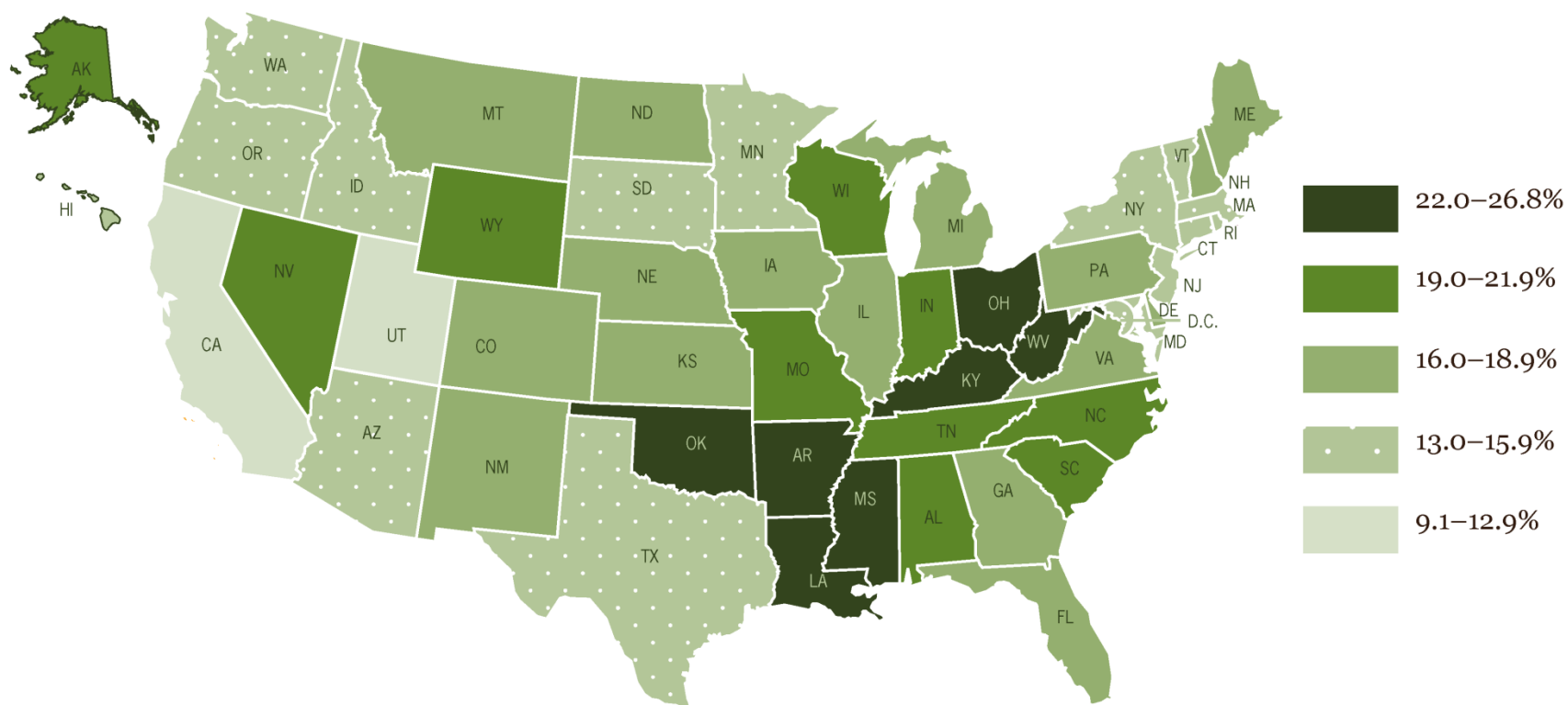


Source: National Youth Risk Behavior Surveys, 1991-2013

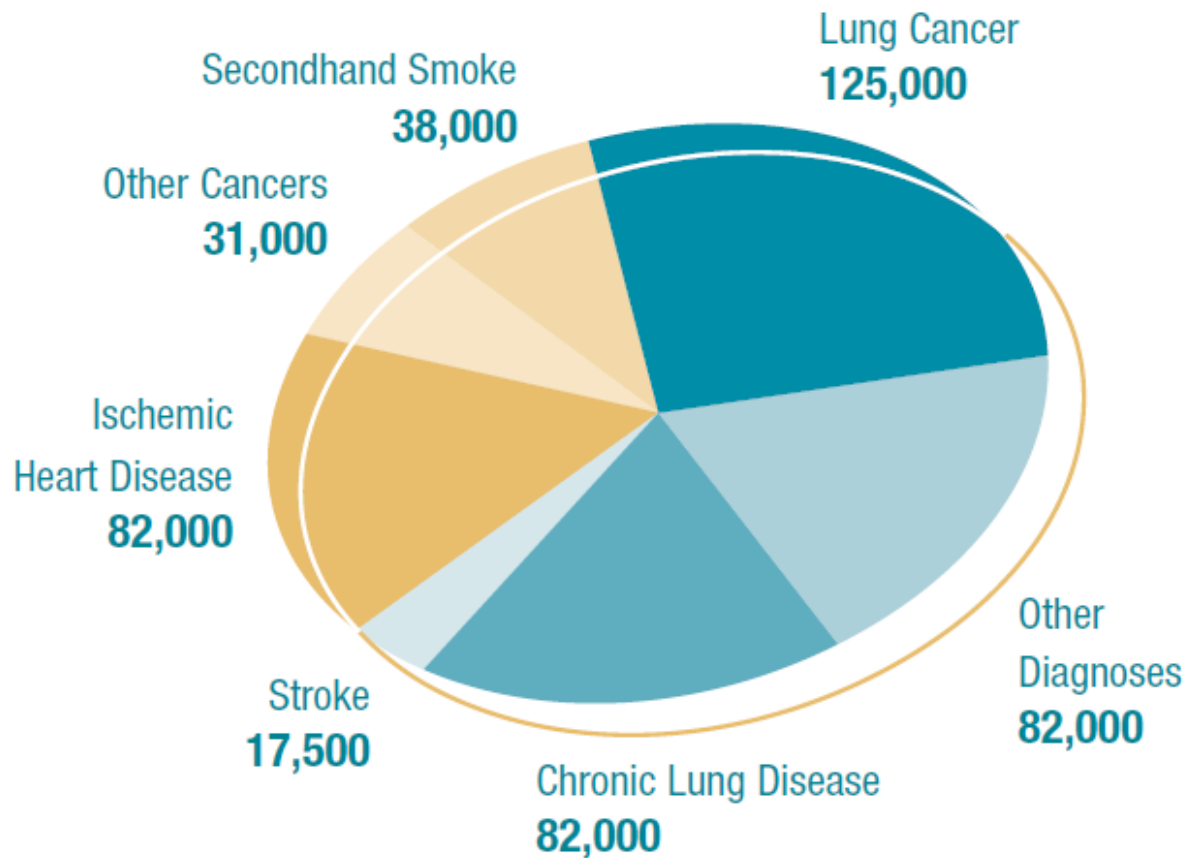
www.cdc.gov/yrbs



Adult Smoking Prevalence by State



Annual U.S. Deaths Attributable to Cigarette Smoking



From CDC. (2002). Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *MMWR*, 51(14), 300–303.

D.D. Palmer, the founder of chiropractic,
was a visionary ahead of his time

In 1910 he wrote:

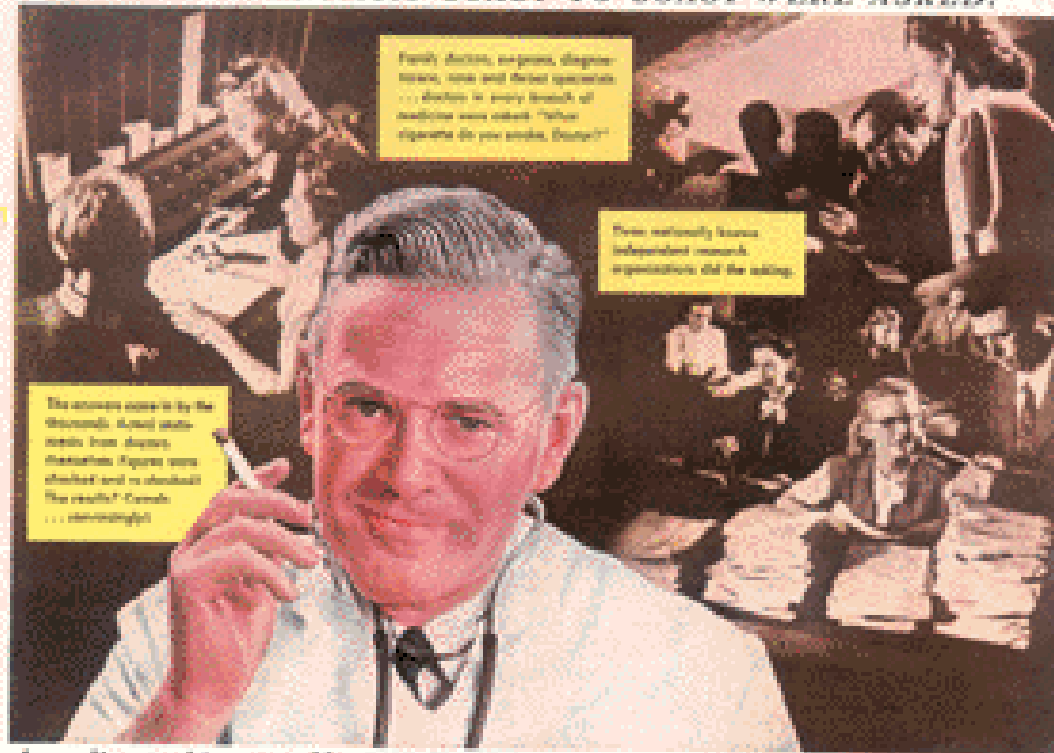
*"The smoking of cigarettes
poisons the nervous system"*

- ◆ Contrast this with the fact that in the 1930's and 40's, the Journal of the American Medical Association regularly ran ads saying,

"More Doctors smoke Camels than any other cigarette! "

- ◆ At one time Philip Morris was the largest advertiser in JAMA
- ◆ The AMA did not pull tobacco ads from their journal until 1954

113,397 DOCTORS FROM COAST TO COAST WERE ASKED!



Family doctors, surgeons, obstetricians, nurses and medical specialists ... doctors in every branch of medicine were asked: "What cigarette do you smoke, Doctor?"

Three nationally known independent research organizations did the asking.

The answers came in by the thousands. Actual statements from doctors themselves. Figures were checked and re-checked. The result? Camels ... overwhelmingly!

According to this recent *Nationwide* survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE!

This is no casual claim. It's an actual fact. Based on the statements of doctors themselves to three nationally known independent research organizations.

This question was very simple. One that you...any smoker...might ask a doctor: "What cigarette do you smoke, Doctor?"

After all, doctors are human too. Like you, they smoke for pleasure. Their taste, like yours, enjoys the pleasing flavor of careful selection. Their pleasure too appreciates a good milligram.

And more doctors smoked Camels than any other cigarette!

If you are a Camel smoker, this preference for Camels among physicians and surgeons will not surprise you. But if you are not now smoking Camels, by all means try them. Compare them critically in your "T-Test" (see right).

CAMEL-COASTLIER TOBACCO

THE "T-TEST" TEST WILL TELL YOU

The "T-Test" is a test you can make at home. It's just the simple process of comparing two cigarettes. That's all. And without any delay, you'll know which one is better.

Now, to make your "T-Test," take two cigarettes. One should be a Camel. The other should be any other brand. Smoke them one after the other. Compare them. Which one is better? That's the "T-Test."

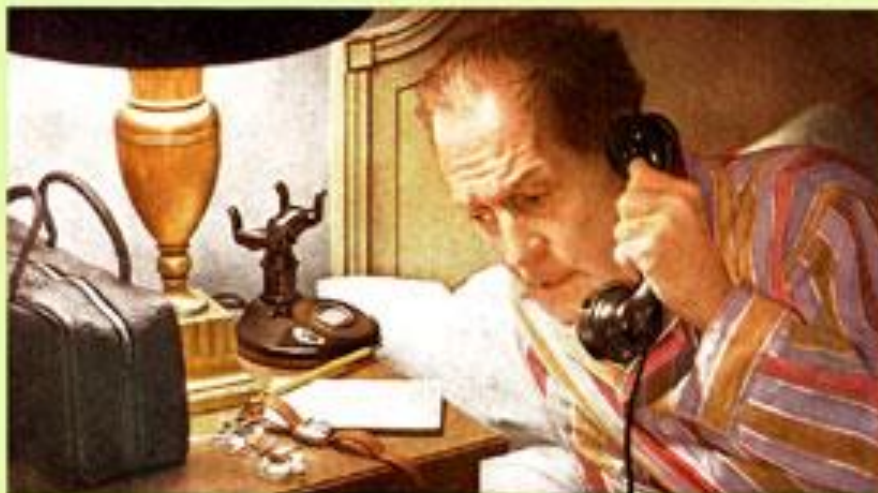


"I'll Be Right Over!"

... 24 hours a day your doctor is "on duty" ...
guarding health ... protecting and prolonging life ...

• Plays ... novels ... motion pictures ... have been written about the "man in white" and his devotion to duty. Due to his daily routine he even more drama and displacement devotion to the path he has taken,

than the most imaginative mind could ever invent. And he asks no special credit. When there's a job to do, he does it. A few weeks of sleep ... a few puffs of a cigarette ... and he's back at that job again ...



© 1954 Camel Cigarette Co., New York, N.Y.

According to a recent *Nationwide* survey: **MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE!**

Tobacco of America's leading independent research organizations asked 113,597 doctors to name the cigarette they themselves preferred to smoke.

The answers came in by the thousands ... from doctors in big cities, in small towns ... from general physicians, diagnosticians, surgeons, specialists—doctors in every branch of medicine! Results? More doctors named Camels as their smoke than any other cigarette!

Yes, a doctor, too, smokes for pleasure. Full flavor, richness, and soothing taste just as much to him as they do to any other smoker. Smoke Camels and see for yourself.

CAMELS *Coastier
Tobacco*

THE
"T-ZONE"
TEST
WILL TELL
YOU

The "T-Zone" is T for throat, and T for throat—is your own laboratory for any cigarette. For only Camels taste and your throat can decide which cigarette tastes best to you ... and here is again with your throat. On the basis of the experience of many, many millions of smokers, we believe Camels will put your "T-Zone" on a "T".

Let your "T-Zone" tell you why!



• All over America, the story's the same! With smoker after smoker who has tried and compared different brands of cigarettes, Camels are the "Choice of Experience"!

Try Camels in your "T-Zone"—that's T for Taste and T for Throat—and you'll see the reasons why! Compare Camels for rich, full flavor; for mild, cool smoking—and you'll agree with the millions of smokers who say that Camels suit them to a "T"! Let your *own* experience tell you why more people are smoking Camels than ever before!

According to a Nationwide survey:

MORE DOCTORS SMOKE **CAMELS
THAN ANY OTHER CIGARETTE**

When 113,597 doctors from coast to coast — in every field of medicine — were asked by three independent research organizations to name the cigarette they smoked, more doctors named Camel than any other brand!

20,679* Physicians

say "LUCKIES are
less irritating"

"It's toasted"

Your Throat Protection

against irritation against cough

quoted have been
certified to by
ROSS BROS AND
RY., Accountants



Cigarettes will make you a better athlete!

FACE THE FACTS!
When tempted to over-indulge
"Reach for a Lucky instead"



be moderate - be moderate in all things even in smoking. Avoid that fierce desire to smoke more cigarettes, if you would maintain that noble, unswerving ideal figure. "Reach for a Lucky instead."

Lucky Strike, the finest Cigarette you ever smoked, made of the finest tobacco—The Cream of the Crop—"IT'S TOASTED." **Lucky Strike** has an extra, secret heating process. Everyone knows that heat purifies and so 20,679 physicians say that **Luckies** are less irritating to your throat.

"It's toasted"

Your Throat Protection—against irritation—against cough.

*We do not say smoking Luckies reduces flesh. We do say when tempted to over-indulge, "Reach for a Lucky instead."

Get them when they are young!



Two year old Indonesian child smoking



<http://www.youtube.com/watch?v=sI0XZOIbO0E&hd=1> (45 seconds)

http://www.youtube.com/watch?v=qcsdt468C_0&hd=1 (12.5 minutes)

C. Everett Koop, the former Surgeon General, would say:

“Today, approximately 12,000 smokers will quit smoking”

(3 SECOND PAUSE)

“Their funerals will be held in the next few days”

How will the tobacco companies
find replacement smokers for
these lost customers?

ADVERTISING!

The cigarette companies
deny they are targeting their
ads toward young people

They maintain that their
advertising is geared to
getting existing smokers
to switch to their brand

You be the judge

Warning: The Surgeon General Has Determined
That Cigarette Smoking Is Dangerous to Your Health.

“Light my Lucky.”

Lights & 100's.



Lights: 8 mg. "tar",
0.7 mg. nicotine; Lights 100's:
9 mg. "tar", 0.9 mg. nicotine.



“Light my Lucky.”



Lights: 8 mg. "tar", 0.7 mg. nicotine
av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Quitting Smoking
Now Greatly Reduces Serious Risks to Your Health.

It's **no** **accident** **she** started **smoking** **at 14**

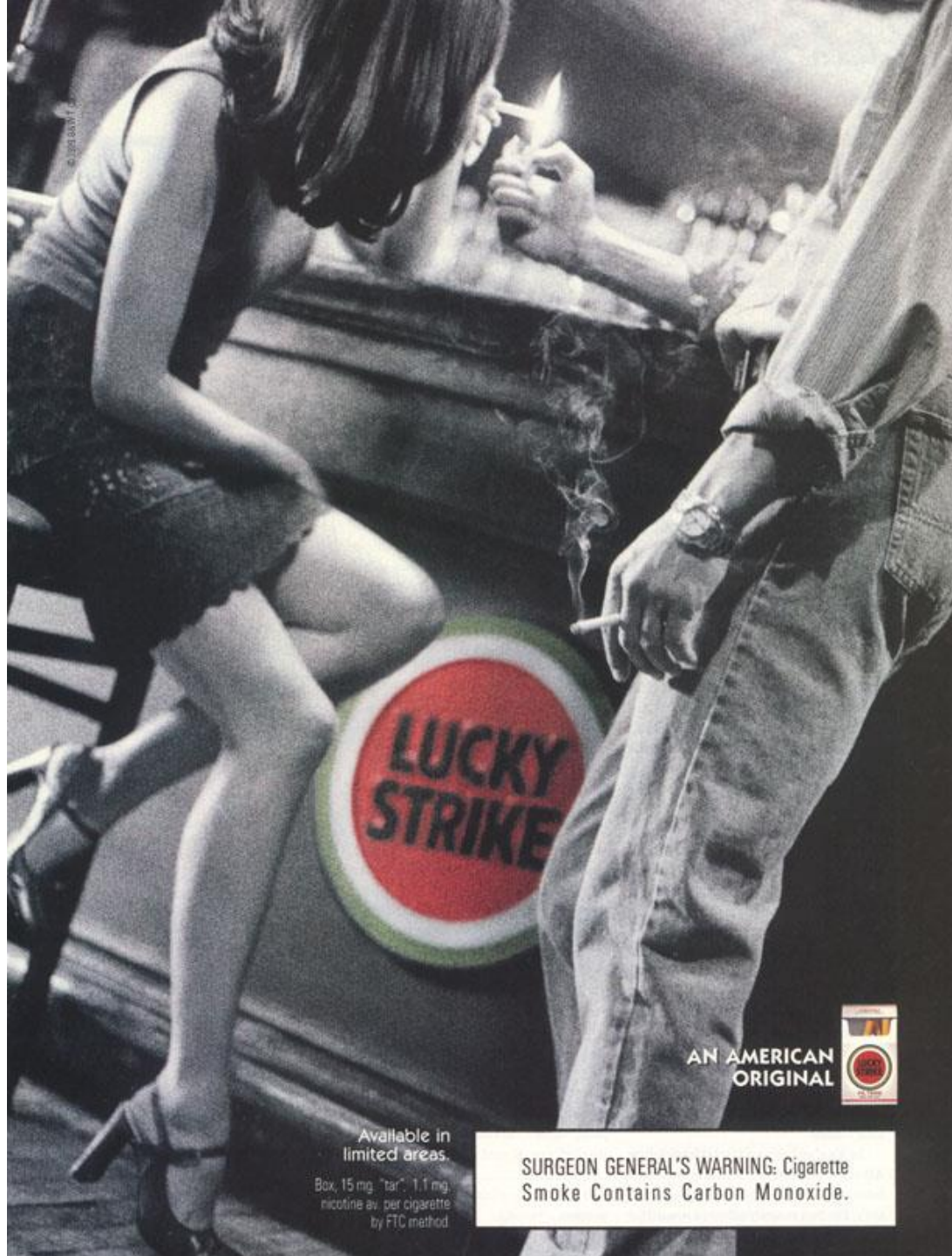
"The smoking patterns of teenagers are particularly important to Philip Morris... Today's teenager is tomorrow's potential regular customer."
— Philip Morris USA Document (3/31/81)

Tobacco industry documents reveal decades of deception. They knew about the cancer and heart disease. And about nicotine addiction. Worst of all, they've been after America's kids as replacement smokers. Don't let them succeed.

Tobacco vs. Kids.
Where America draws the line.

CAMPAIGN For TOBACCO-FREE Kids™

To learn more, call 1-800-284-KIDS or visit our web site at www.tobaccofreekids.org.
The National Center for Tobacco-Free Kids, 1707 L Street, NW, Suite 800, Washington, DC 20036



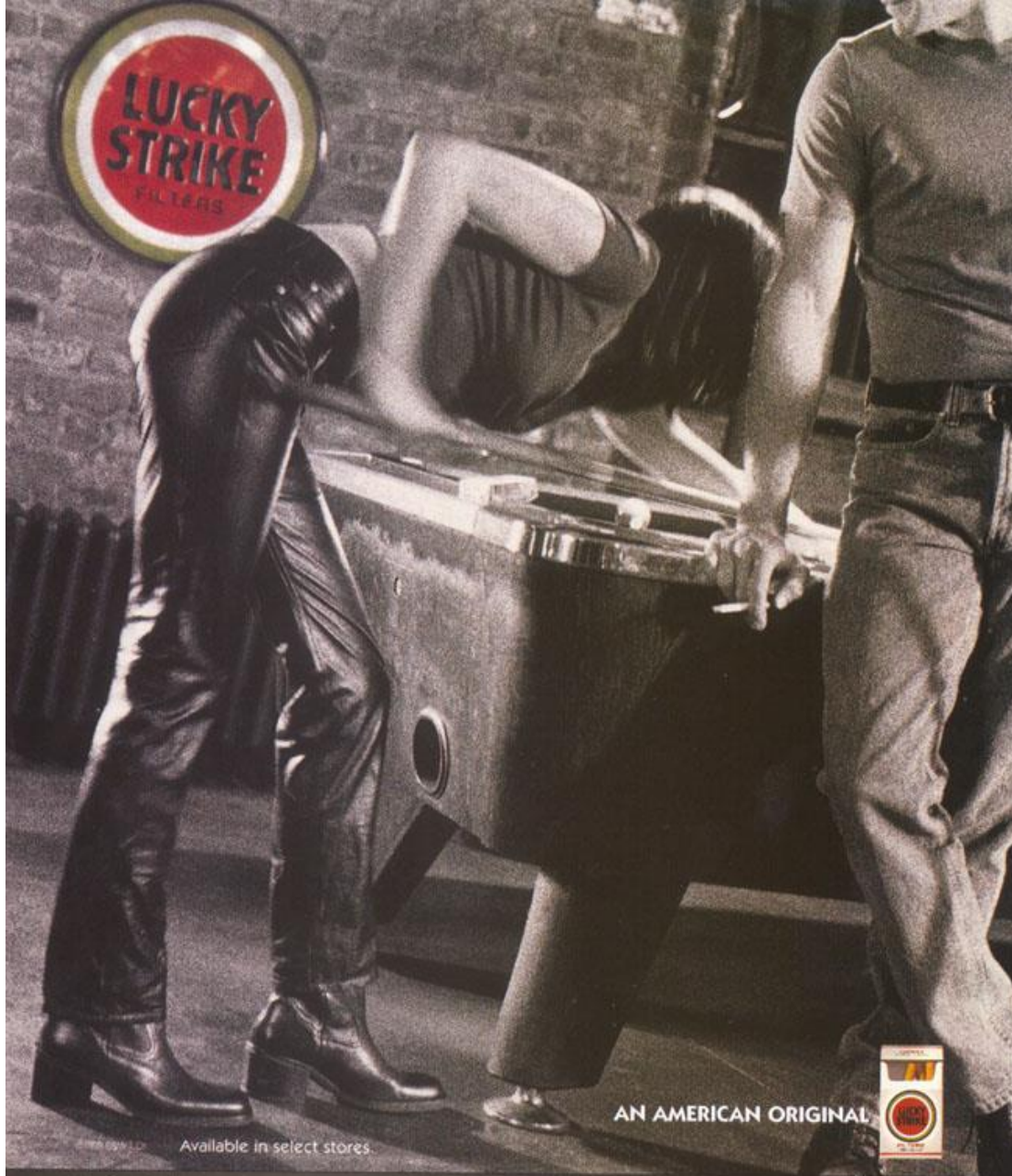
Available in
limited areas.

Box, 15 mg. "tar", 1.1 mg.
nicotine av. per cigarette
by FTC method.

AN AMERICAN
ORIGINAL



SURGEON GENERAL'S WARNING: Cigarette
Smoke Contains Carbon Monoxide.



AN AMERICAN ORIGINAL

Box, 15 mg. "tar", 1.1 mg. nicotine av. per cigarette by FTC method.
Actual tar and nicotine deliveries will vary based on how you hold and
smoke your cigarette. For more information, contact www.bwtarnic.com

www.brownandwilliamson.com

SURGEON GENERAL'S WARNING: Smoking
Causes Lung Cancer, Heart Disease,
Emphysema, And May Complicate Pregnancy.



© 1999 B&W T Co. Available in select stores.

Box, 15 mg. "tar", 1.1 mg. nicotine av. per cigarette by FTC method. Actual tar and nicotine deliveries will vary based on how you hold and smoke your cigarette. For more information, contact www.bwtarnic.com

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SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

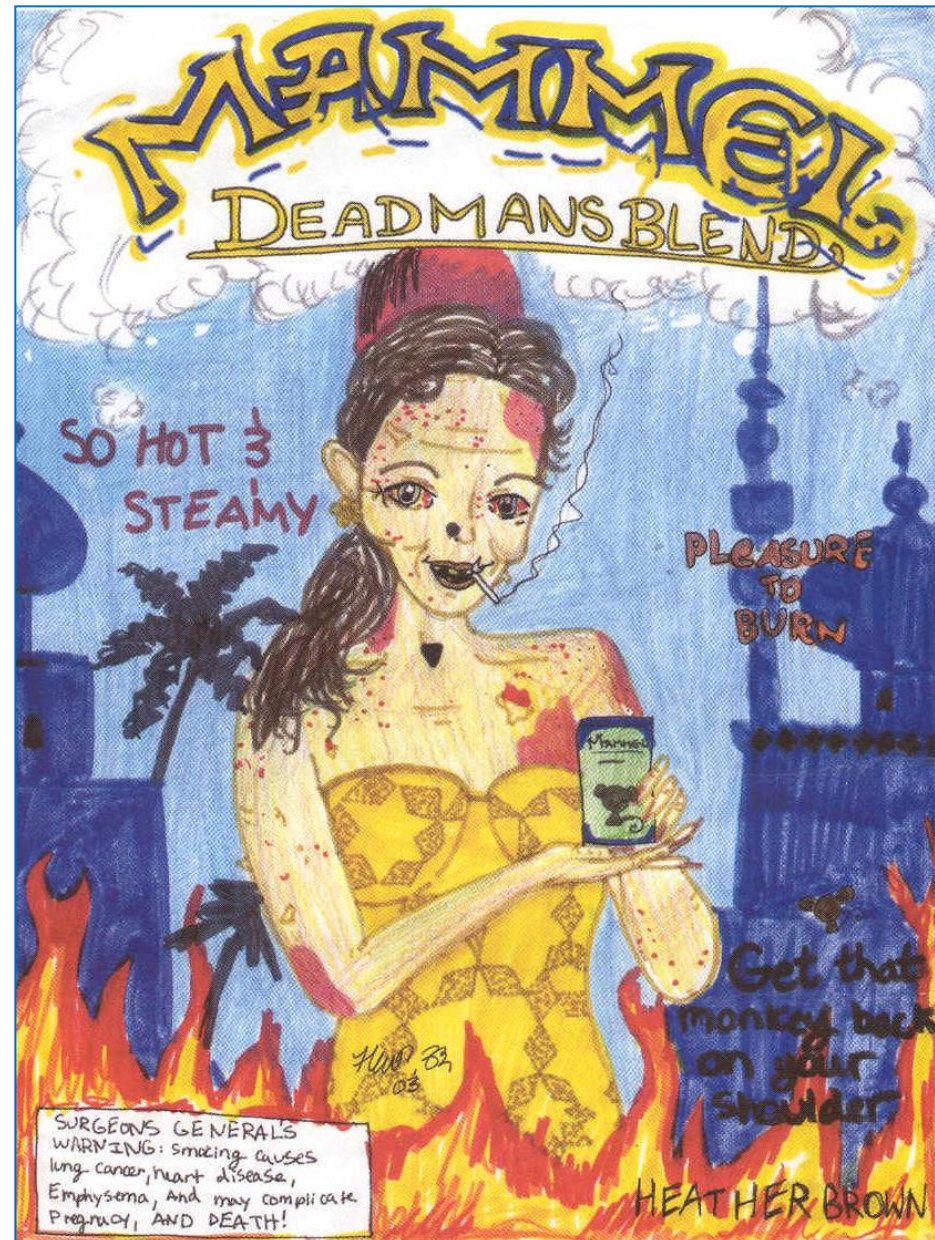
Think this is a new advertising phenomenon?



Sex Sells



Truth in Advertising



I'M SENDING CHESTERFIELDS to all my friends.
That's the merriest Christmas any smoker can have —
Chesterfield mildness plus no unpleasant after-taste

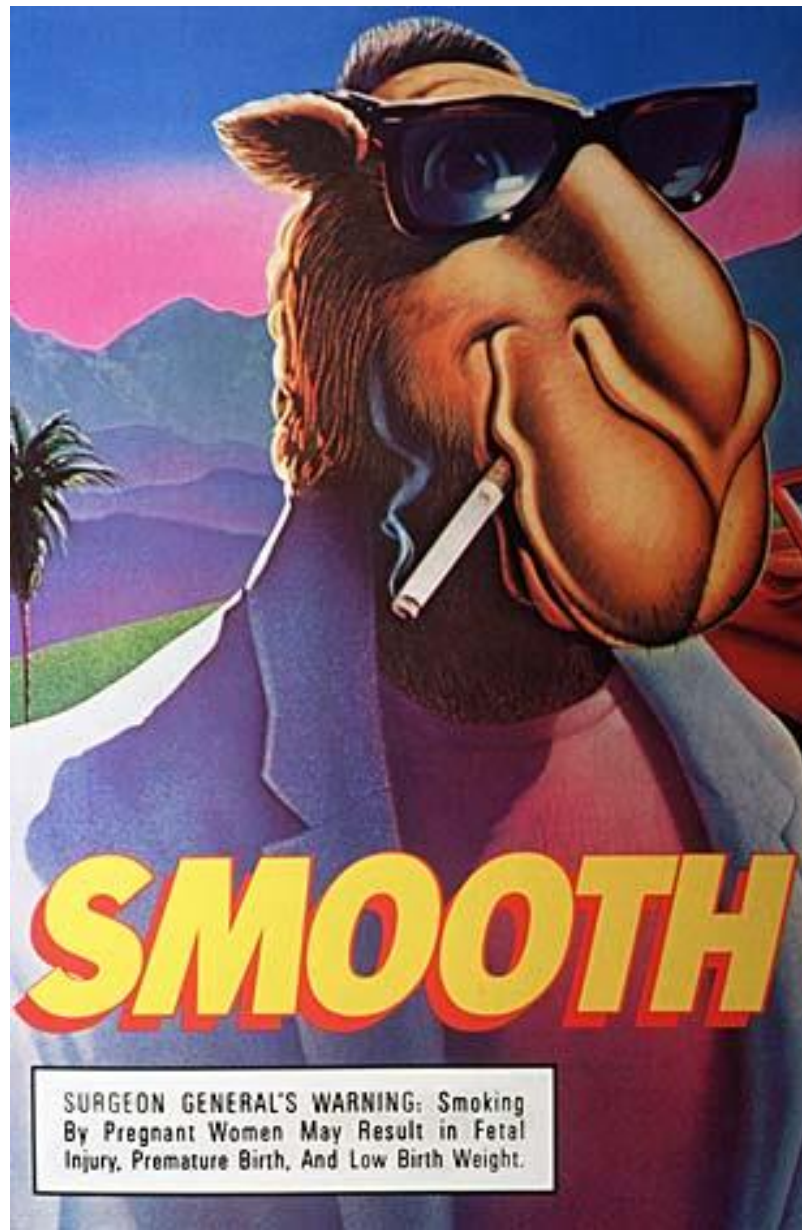
Ronald Reagan

see RONALD REAGAN
starring in "HONG KONG" a Pine-
Thomas Paramount Production
Color by Technicolor

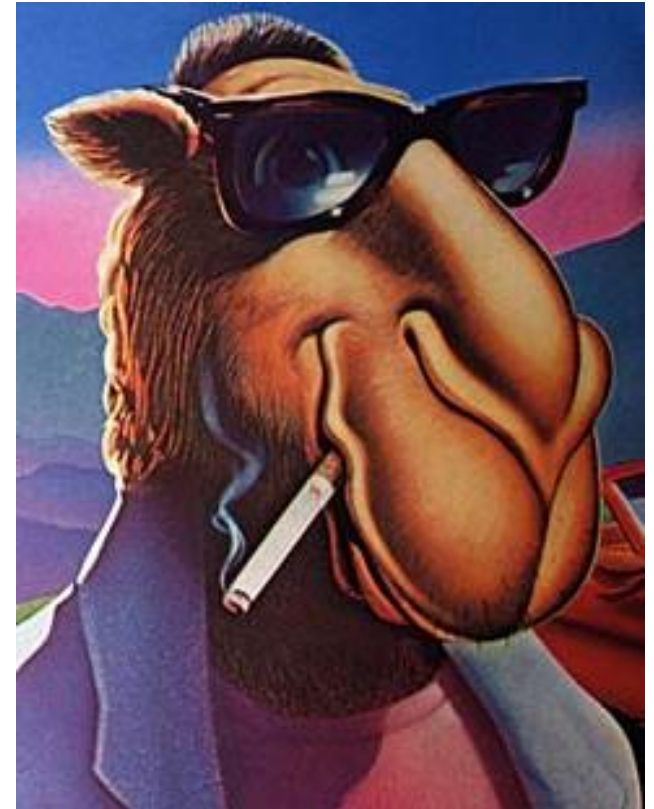


CHESTERFIELD "Buy the beautiful
Christmas-card" carton

Joe Camel is just a cartoon character, right?



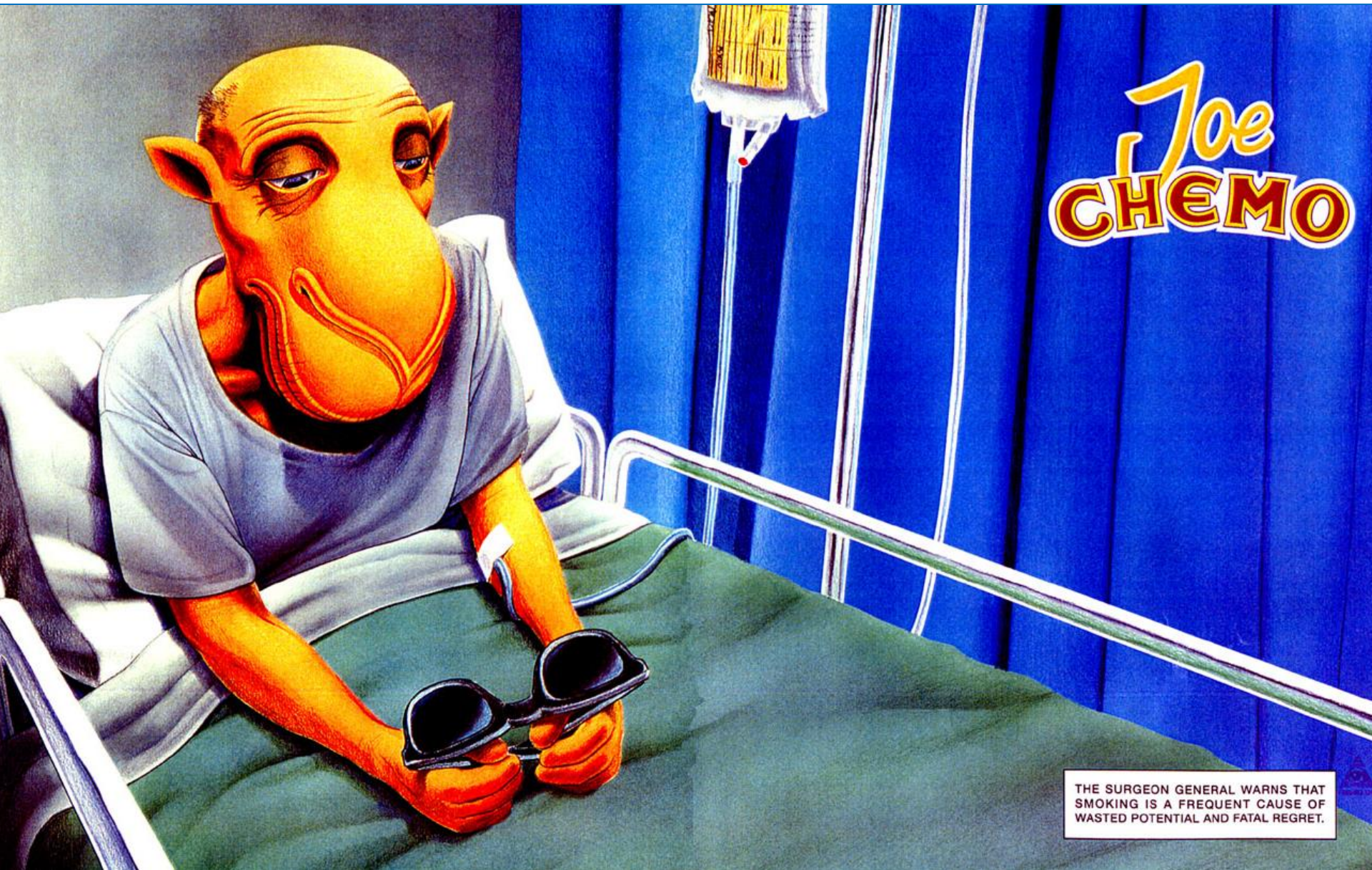
Did the cartoon artist emphasize certain features of the Camel's face?



Does this make the subliminal image a little more obvious?



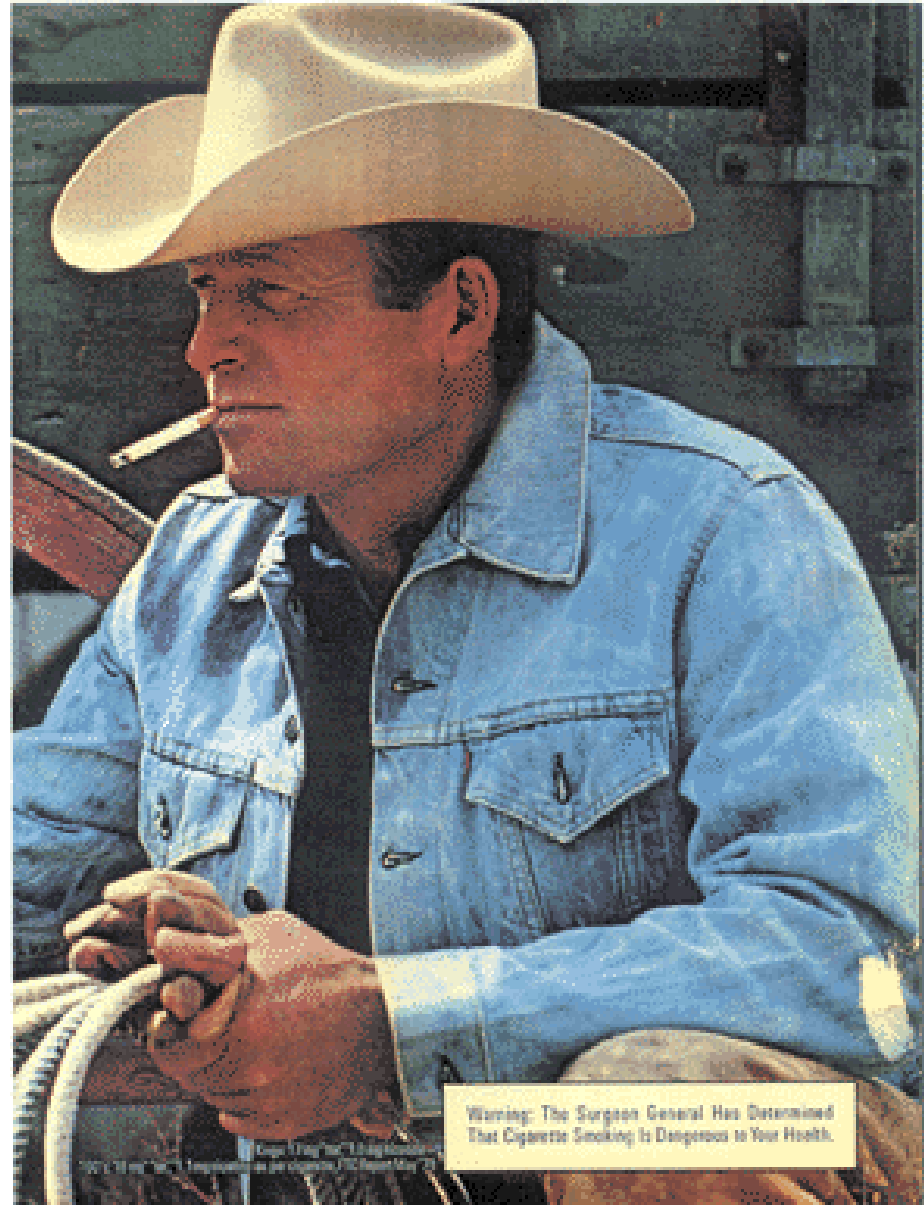
Truth in Advertising



Joe
CHEMO

THE SURGEON GENERAL WARNS THAT
SMOKING IS A FREQUENT CAUSE OF
WASTED POTENTIAL AND FATAL REGRET.

The Marlboro Man





- ◆ *Wayne McLaren*, the “Marlboro Man” was diagnosed with lung cancer at age 49 and died two years later
- ◆ Before his death he fought to ban tobacco advertisements

Truth in Advertising



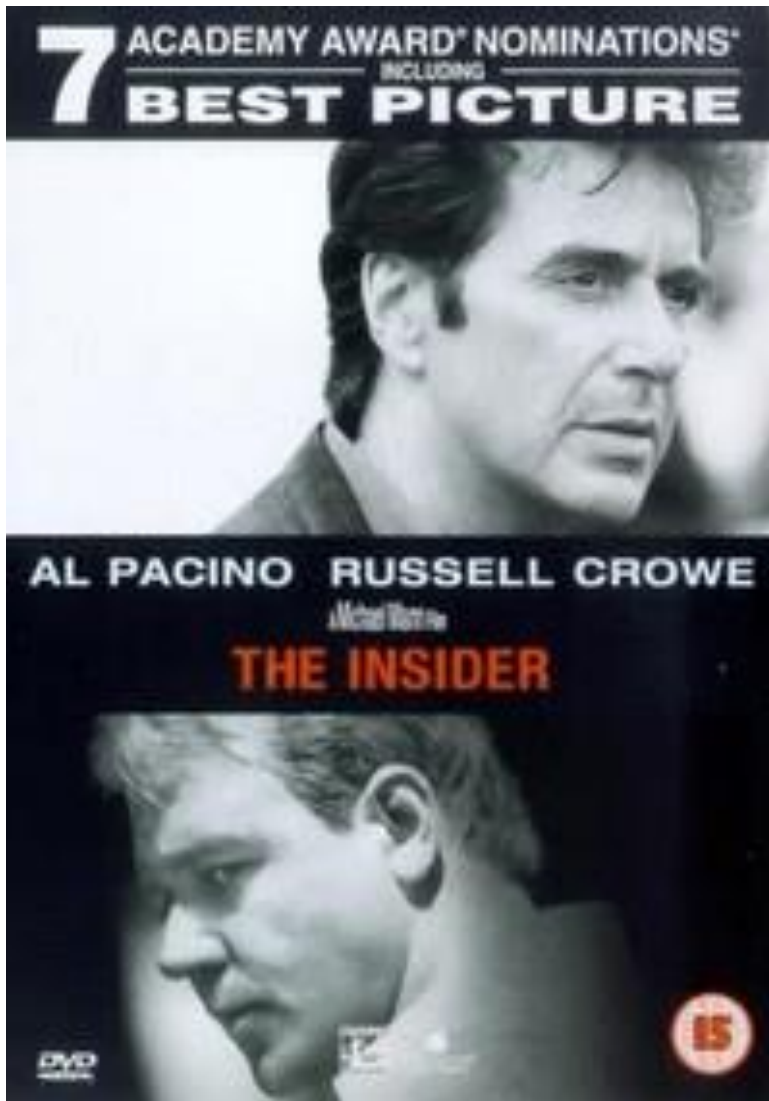
HERE'S WHAT'S LEFT OF THE MARLBORO MAN



IF YOU DON'T SMOKE DON'T START!

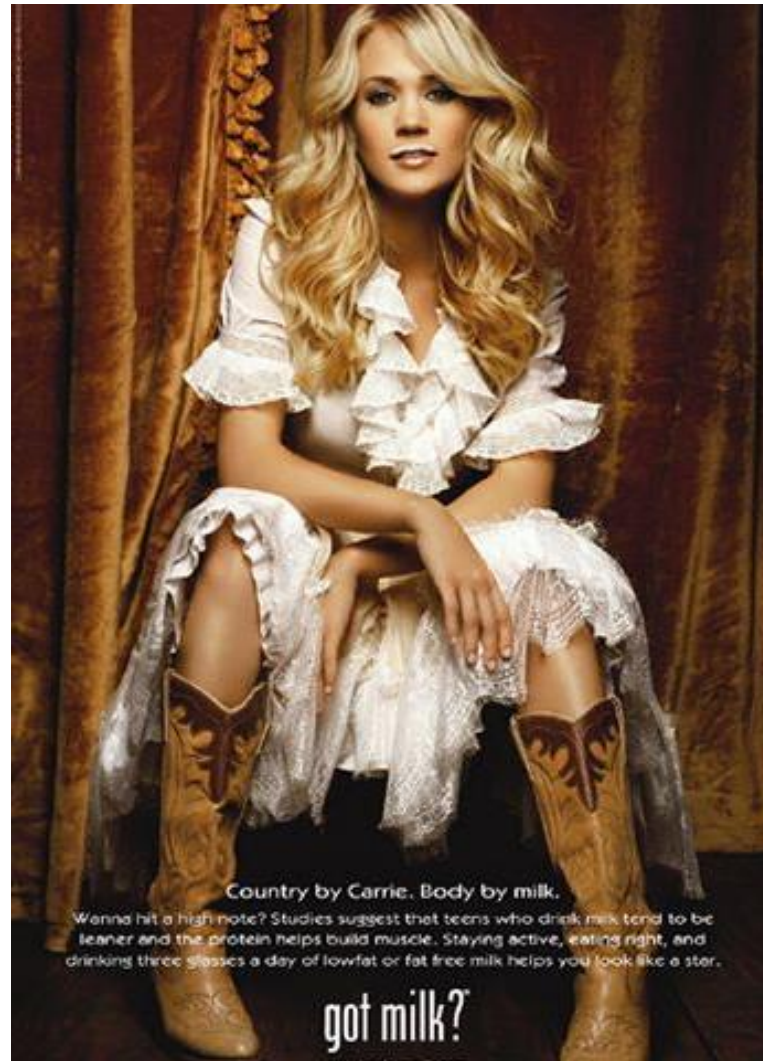
It is estimated that nearly half a million Americans will die this year from diseases caused by smoking.

Copyright © 1994 Philip Morris Inc. All rights reserved. Ltr. 1-800-488-6887



- ◆ Russell Crowe played the true life story of whistleblower Jeffrey Wigand in the movie, The Insider
- ◆ It is an eye opening look at the politics of the tobacco industry

Gain Frame Advertising



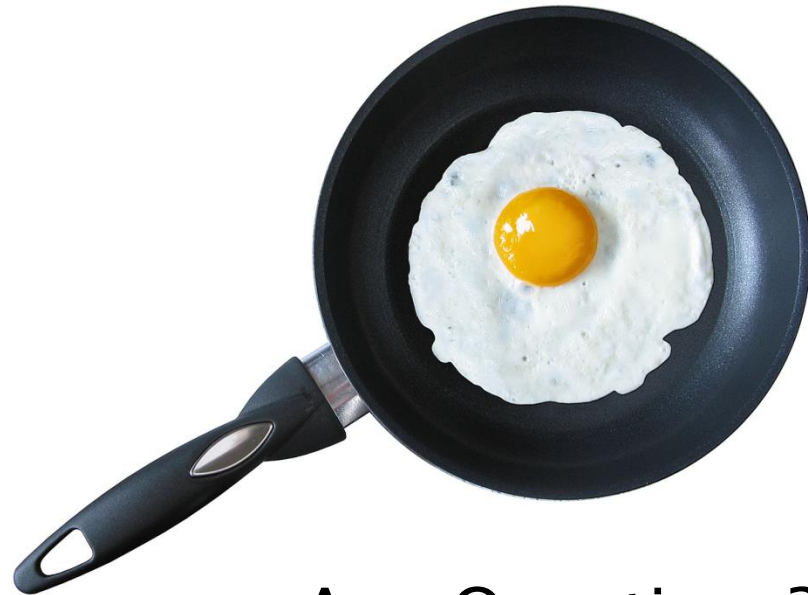
Gain frame advertising is usually trying to get you to do something

Loss Frame Advertising

This is your brain



This is your brain on drugs



Any Questions?

Loss frame advertising is trying to get you to stop doing something

Public Service Advertising



You have enough smarts to rebuild an engine.



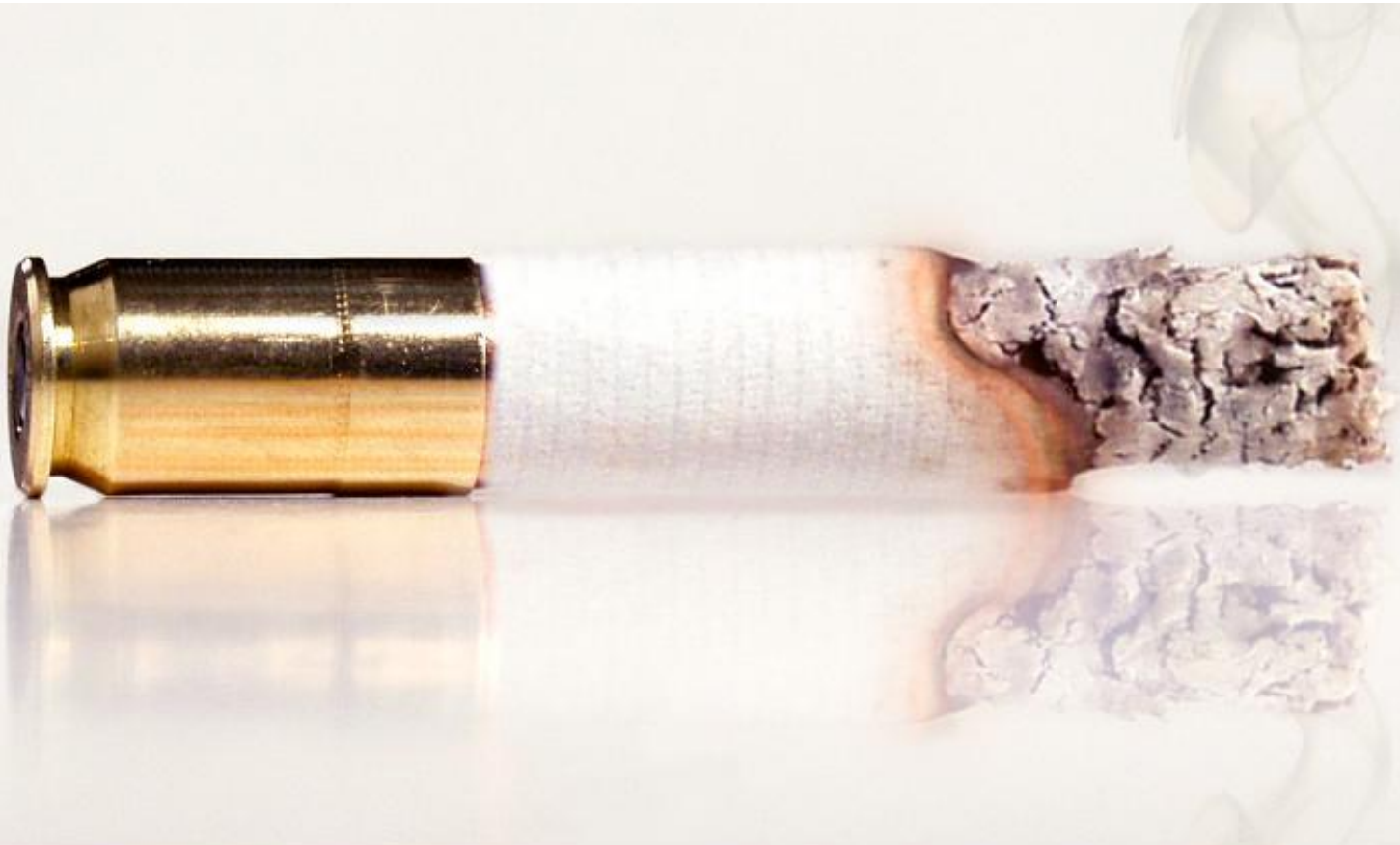
And you're still smoking?

You're bright enough to
learn 40 different football plays.



And you're still smoking?

Public Service Advertising



PALMER CHIROPRACTIC



WORLD FEDERATION OF CHIROPRACTIC | FÉDÉRATION MONDIALE DE CHIROPRA TIQUE | FEDERACIÓN MUNDIAL DE LA QUIROPRÁCTICA

Smoking

The great thing
about smoking is
that it's very social.

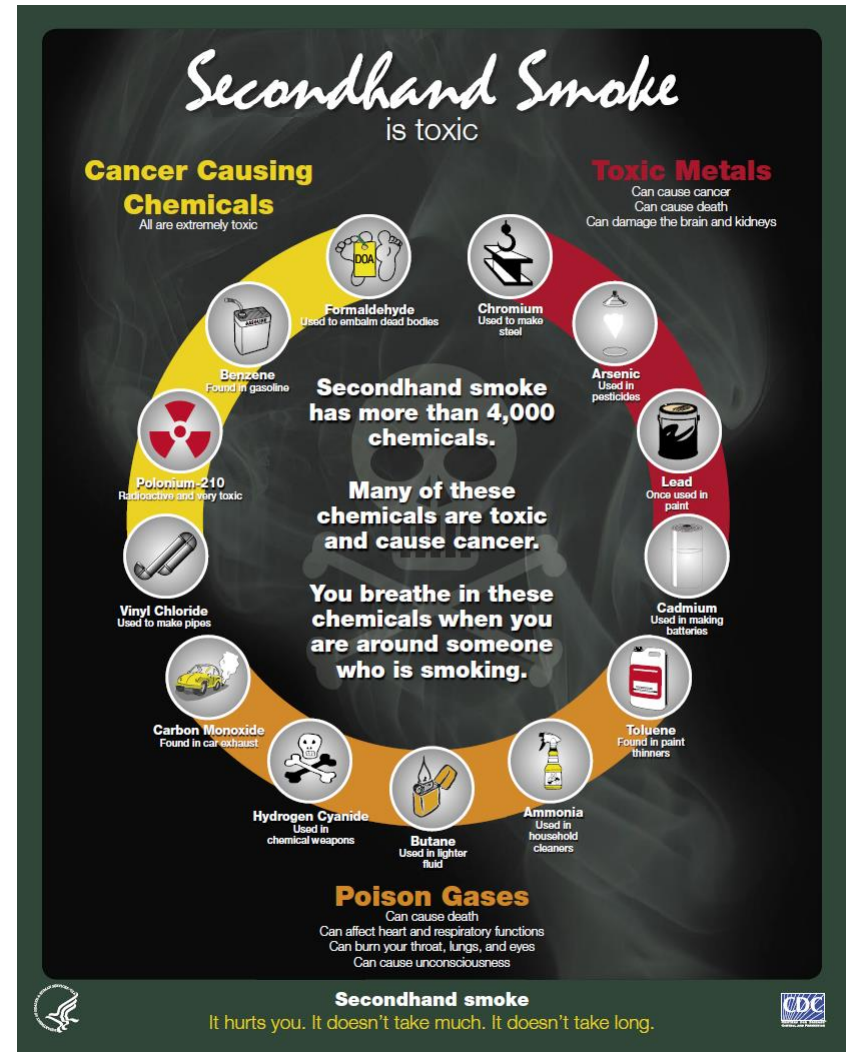
Meet your new
best friends

- Cigarette smoking is linked to heart disease, fertility problems, leukemia, cataracts, pneumonia, about 90% of all lung cancer cases, as well as cancer of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, urethra, and bladder.
- Smoking causes chronic bronchitis and emphysema, which make breathing very difficult—and it will never, ever get easier.
- Oh, and it also kills approximately 440,000 Americans every year—more than the entire population of Tulsa, Oklahoma.
- That's more deaths than caused by alcohol, cocaine, heroin, homicide, suicide, car accidents, fire, and AIDS. Combined.
- Smoking can shorten your life by 14 years or more.
- And, in the shorter term, smoking causes early wrinkles, bad breath, and yellow teeth.

That's
because
it's a drug...

Only about 6% of people who try to quit are successful for more than a month. Nicotine can be as addictive as cocaine or heroin.

Free Posters Available from CDC.gov



Free Posters Available from CDC.gov

There's no such thing as a


NO SMOKING


section

No Amount of secondhand smoke is safe!

Here are some unexpected ways you may breathe secondhand smoke every day:

- Sitting in the "no smoking" section, even if it doesn't smell smoky
- Riding in a car while someone else is smoking, even if a window is open
- Being in a house where people are smoking, even if you're in another room
- Working in any restaurant, warehouse, or building that allows smoking inside, even if there is a filter or ventilation system

 **Secondhand smoke**
It hurts you. It doesn't take much. It doesn't take long.



PROTECT YOURSELF from Secondhand Smoke

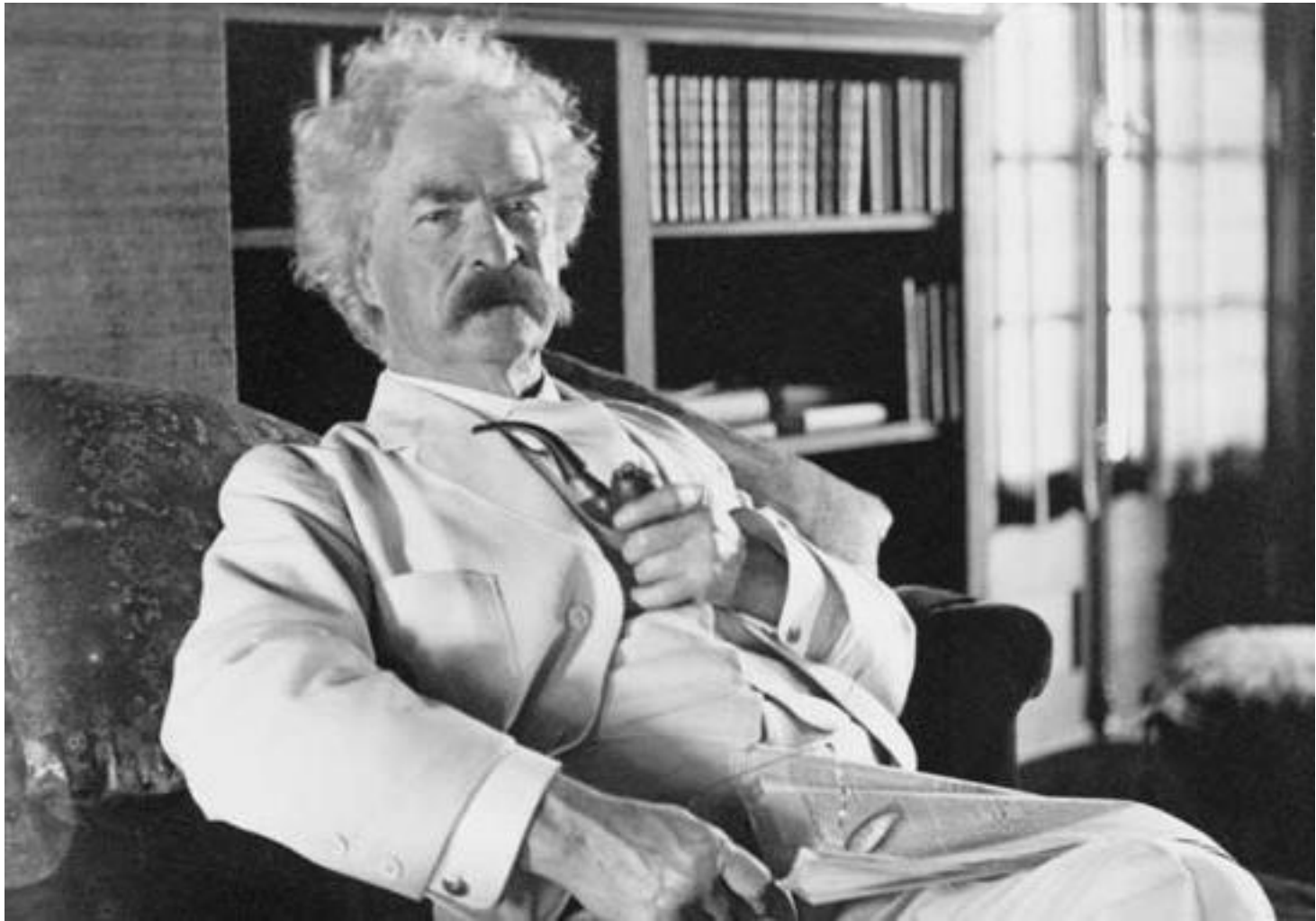


Secondhand smoke can cause heart disease, lung cancer, and breathing problems in adults.

Breathing secondhand smoke while pregnant can cause low birth weight, weaker lungs, and sudden infant death syndrome (SIDS) in your baby.

 **Secondhand smoke**
It hurts you. It doesn't take much. It doesn't take long.



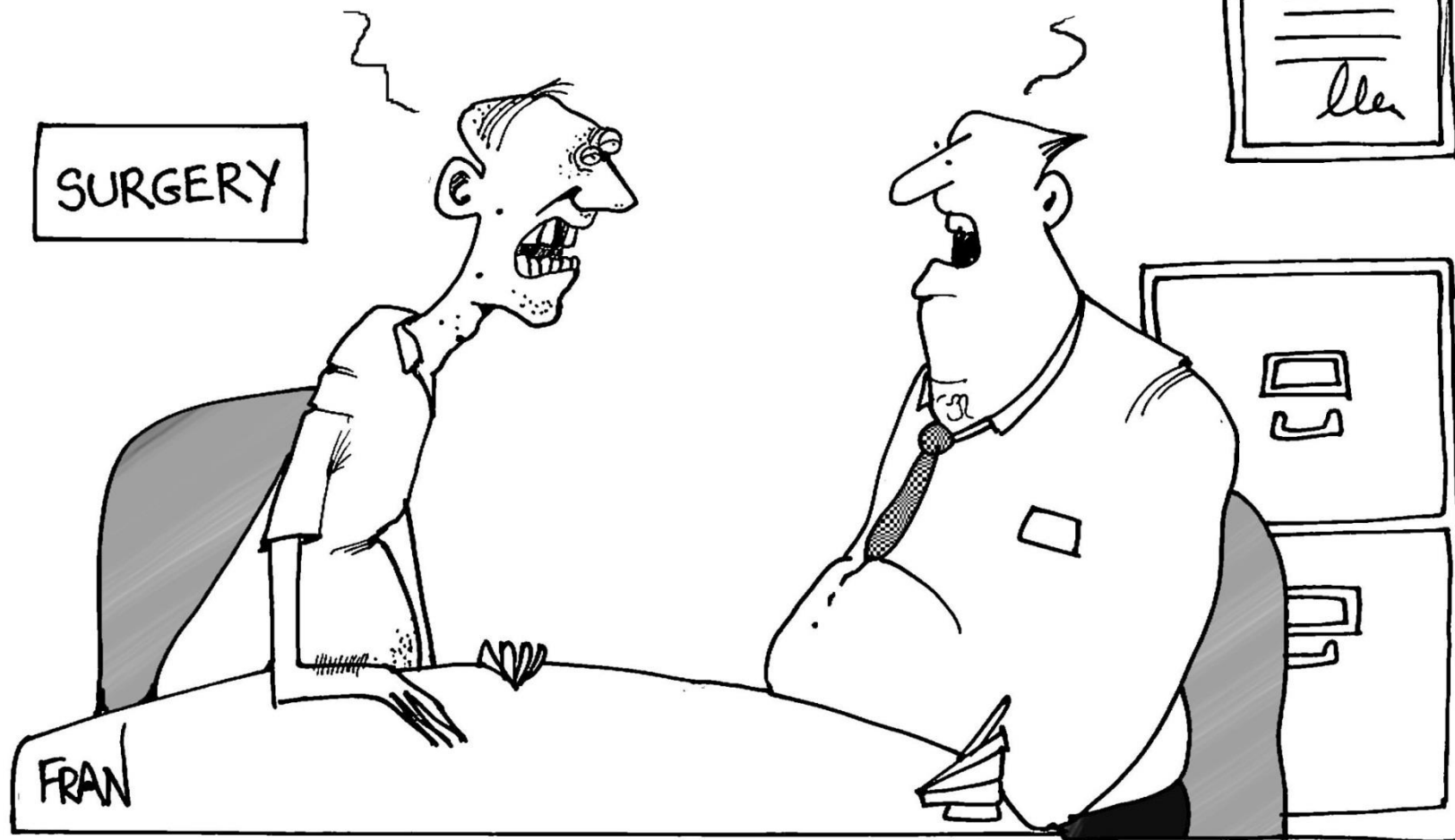


*“Quitting smoking is easy.
I’ve done it a thousand times.”*

I'VE BEEN SMOKING ALL MY
LIFE AND IT'S NEVER DONE
ME ANY HARM!

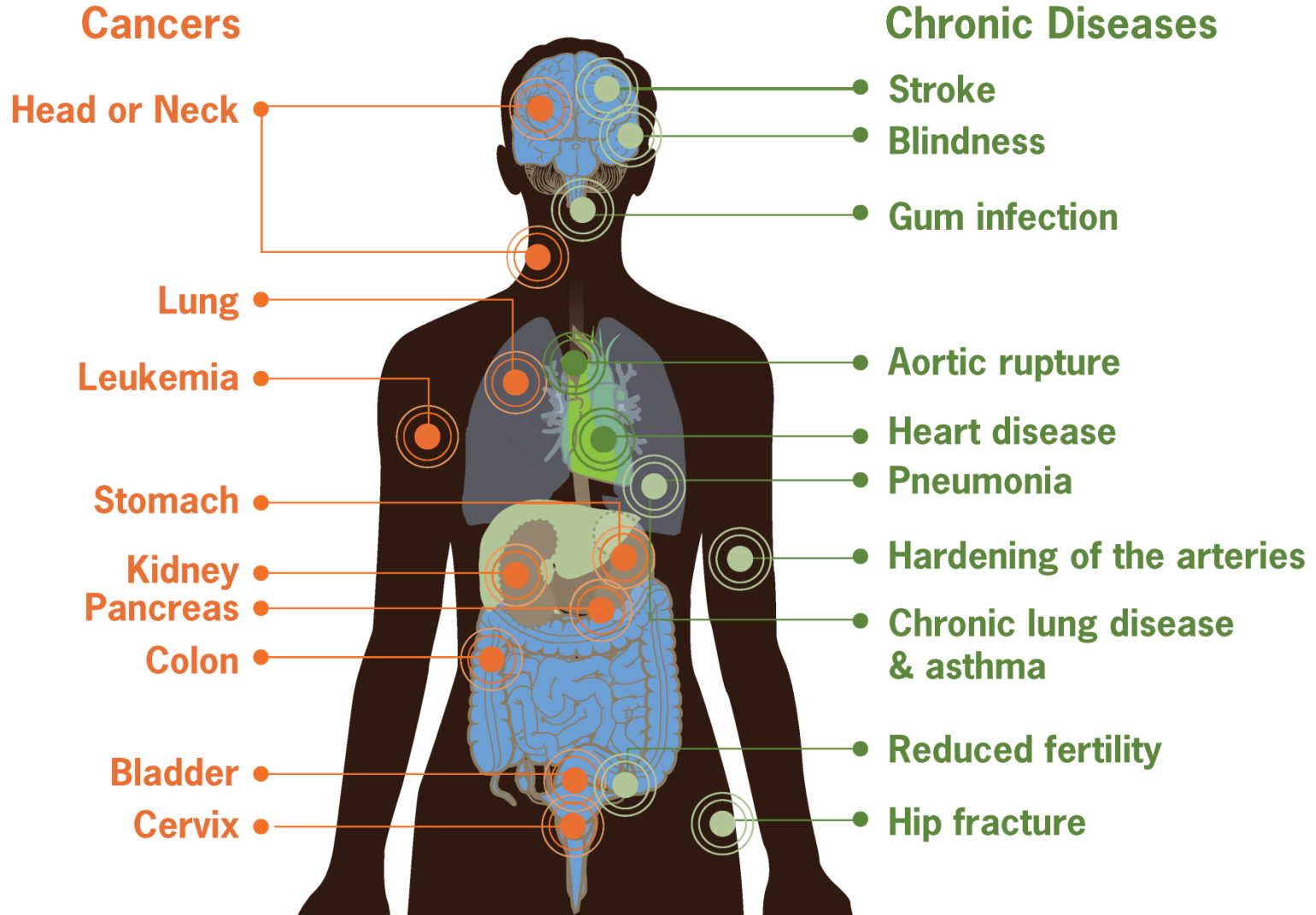
BUT YOU'RE
ONLY 25!

SURGERY



Risks from Smoking

Smoking can damage every part of the body





“Ask me about Smoke-Free program”

- ◆ This is a program to assist the chiropractor in the area of providing better tobacco cessation advice to patients

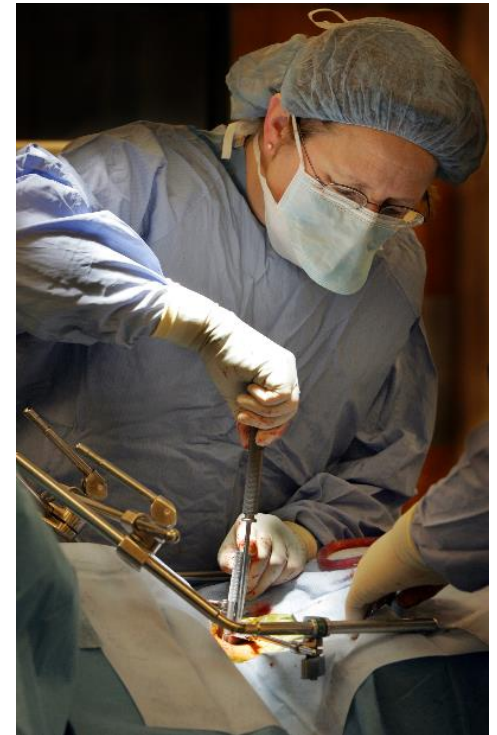


Why should the DC be involved?

- ◆ Smoking is the most preventable cause of death in America
- ◆ Smokers are more likely to suffer chronic spinal pain and when they have pre-existing spinal problems, these are made worse
- ◆ Chiropractors have a unique rapport with patients and provide credible cues to action in the area of cessation advice

Not Convinced?

- ◆ 90% of post-surgical failures and infections are found to be in smokers
- ◆ A group of spine orthopedists were able to nearly double their cessation effectiveness (19% \Rightarrow 35%) with back pain patients by enhancing the educational process and prioritizing for patients the need to quit



Why We Must Provide Tobacco Cessation Advice

- ◆ Tobacco use causes significant morbidity and mortality among our patients
- ◆ Only 45% of patients say their physician has discussed smoking cessation with them, and even fewer have been given specific advice
- ◆ Current chiropractic interns are also doing poor job (40%)

Other Reasons to Promote Cessation

- ◆ Tobacco is a major public health issue and we owe it to our patients to alert them about major public health issues
- ◆ The ACA and ACC have position statements supporting health promotion in practice
- ◆ Many patients don't realize that it is also a risk factor for chronic back pain and disability
- ◆ Essentially, tobacco is a drug and the chiropractic profession has advocated drug-free health care for over 100 years

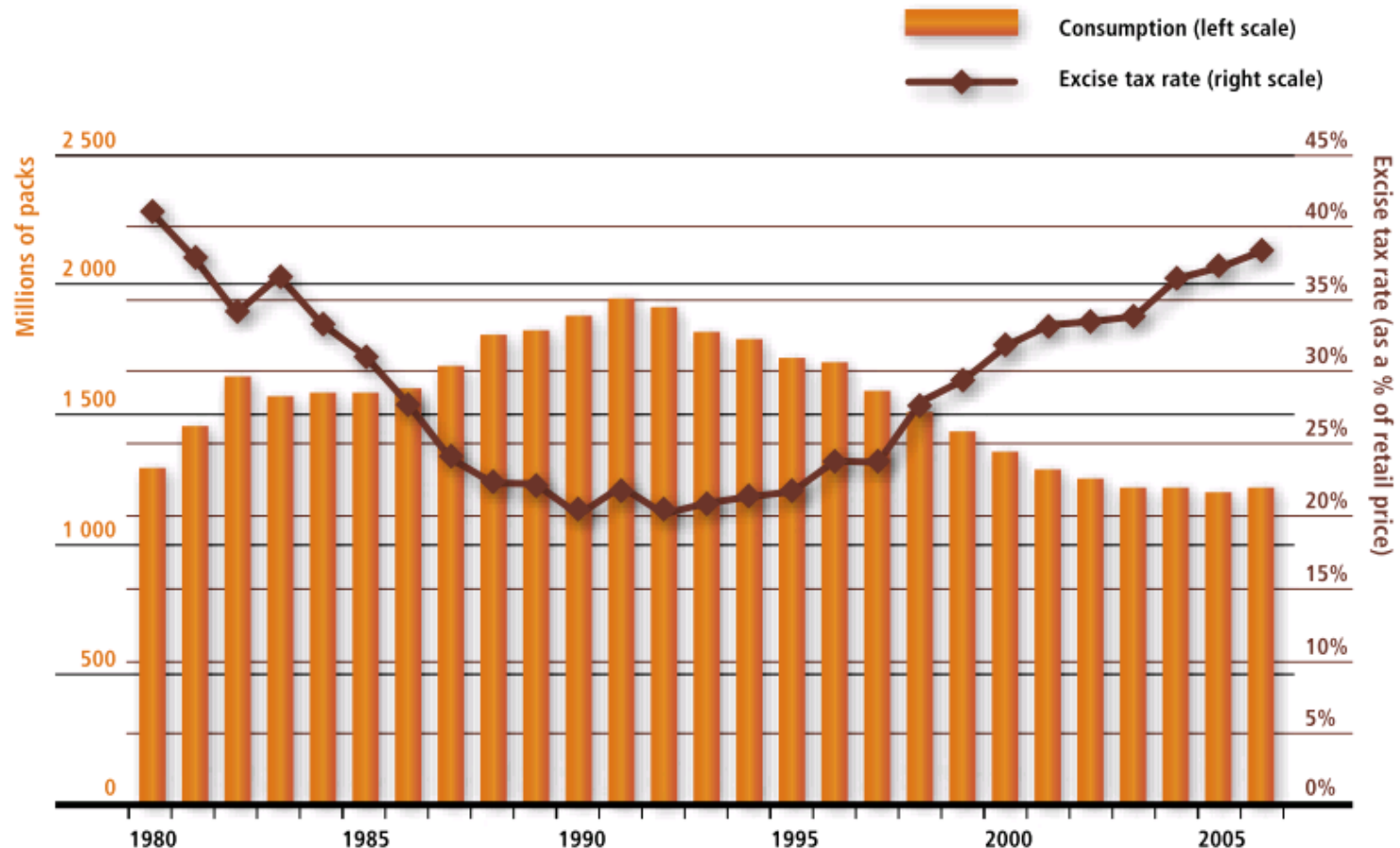


Tobacco Facts

- ◆ Tobacco use is the chief avoidable cause of illness and death in our society and accounts for more than 435,000 deaths each year in the United States
- ◆ About 21% of adult Americans smoke, representing approximately 45 million current adult smokers
- ◆ Smoking-attributable health care expenditures are estimated at \$96 billion per year in direct medical expenses and \$97 billion in lost productivity
- ◆ When these additional costs are considered, the true cost to society for each pack of cigarettes is nearly \$40

TOBACCO TAXES REDUCE CONSUMPTION

Relationship between cigarette consumption and excise tax rate in South Africa



Source: van Walbeek C. *Tobacco excise taxation in South Africa: tools for advancing tobacco control in the XXIst century: success stories and lessons learned*. Geneva, World Health Organization, 2003. Additional information obtained from personal communication with C. van Walbeek. (http://www.who.int/tobacco/training/success_stories/en/best_practices_south_africa_taxation.pdf, accessed 6 December 2007).

Tobacco Facts

- ◆ According to the World Health Organization and Chiropractors Against Tobacco, among those who continue to smoke, at least half will die from smoking before their 70th birthday and only after years of debilitating illness related to tobacco use



WORLD FEDERATION
OF CHIROPRACTIC

Peter Jennings died in 2005 at age 67



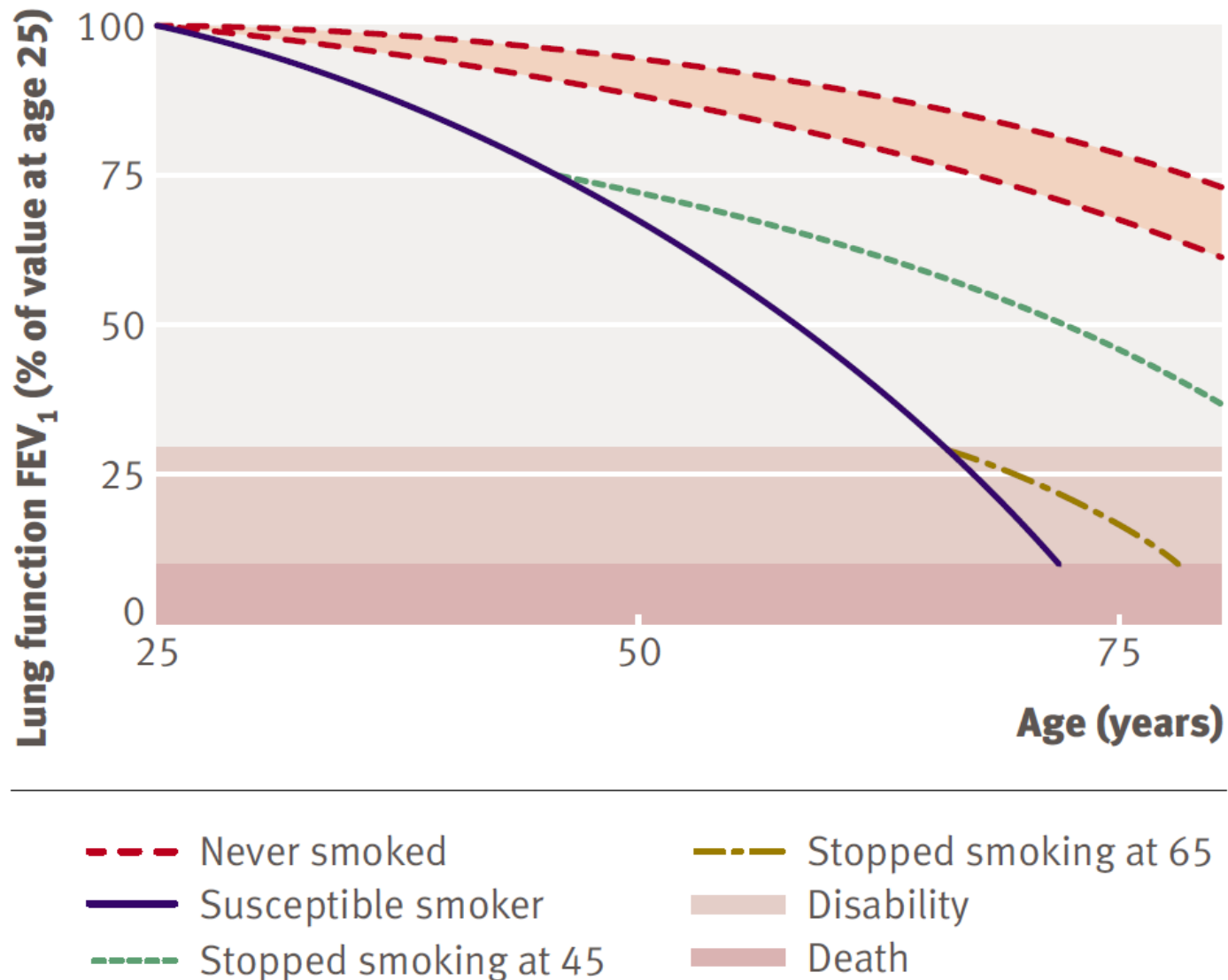
Even though he quit smoking 20 years earlier, the damage had been done

Take home message:
If you take too long before you decide to quit, you may die from lung cancer

Tobacco Facts

- ◆ Smoking damages every organ system in the body and significantly increases risk of lung, and other cancers, cardiovascular disease, chronic obstructive pulmonary disease and Alzheimer's Disease
- ◆ Smokeless tobacco has all of the same risks with the exception of lung cancer but includes mouth and throat cancer as a risk
- ◆ These risks are the same for men and women
- ◆ Quitting can significantly reduce many of the risks within a few years of cessation

Effect of quitting smoking on lung function



Why Patients Need To Quit!

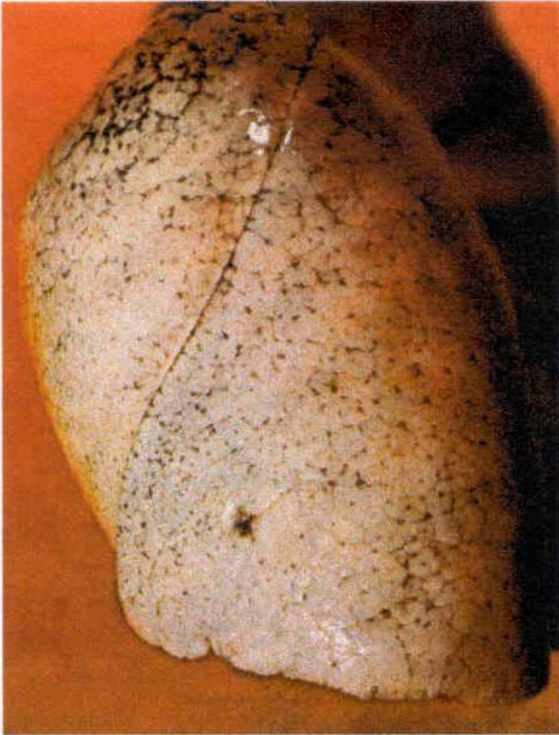


Figure 1 Healthy Lung



Figure 2 Lung Cancer



Figure 3 Emphysema Lung

Who is Interested in Quitting?

- ◆ More than 70% of the 45 million smokers in the US report that they want to quit
- ◆ Approximately 44% report that they try to quit each year
- ◆ Unfortunately, only 4–7% of these quit attempts were successful
- ◆ Most smokers have not been given advice on how to quit by a doctor



Stages of Change and Quitting Smoking

- ◆ Typically, smokers will fall into one of five stages of susceptibility when it comes to changing their smoking behavior
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance



Pre-contemplation

- ◆ Precontemplation is the stage in which people are not intending to take action in the foreseeable future (6 months). People may be in this stage because they are uninformed about the consequences of their behavior. Or they may have tried to change a number of times and become demoralized about their ability to change.
- ◆ *“You’ve got to die of something.”*

Pre-contemplation Strategies

- ◆ Be nonjudgmental and show empathy
- ◆ Give personalized information
- ◆ Tell patient you are there to offer assistance when needed



Contemplation

- ♦ Contemplation is the stage in which people are intending to change in the next six months. They are more aware of the pros of changing, but are also acutely aware of the cons. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people stuck in this stage for long periods of time. This stage is often characterized as chronic contemplation or behavioral procrastination.
- ♦ *“I know I should quit, but I just don’t know how.”*

Contemplation Strategies

- ◆ Have patient list barriers and motivators
- ◆ Help patient develop strategies to overcome barriers
- ◆ Help identify support and resources



Preparation

- ◆ Preparation is the stage in which people are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year. These are the people that are ready for action-oriented smoking cessation programs.
- ◆ *“I plan on quitting by my child’s birthday.”*

Preparation Strategies

- ◆ Encourage setting quit date
- ◆ Get rid of reminders of smoking
- ◆ Rehearse strategies to deal with challenges
- ◆ Tell family/friends and ask for their support



Action

- ♦ Action is the stage in which people have made specific modifications in their lifestyles within the past six months. Not all modifications of behavior count as action in this model. In the past reduction in the number of cigarettes or switching to low tar and nicotine cigarettes counted as action. Now the consensus is clear – only total abstinence counts. In the Action stage vigilance against relapse is critical.
- ♦ *“I quit smoking two months ago.”*

Action Strategies

- ◆ Congratulate on success
- ◆ Ask if there are any triggers/problems
- ◆ Help identify strategies to avoid relapse
- ◆ Remind to reward him or herself regularly



Maintenance

- ◆ Maintenance is the stage in which people are working to prevent relapse but they do not apply change processes as frequently as do people in action. They are less tempted to relapse and increasingly more confident that they can continue their change.
- ◆ Regression occurs when individuals revert to an earlier stage of change.

Maintenance Strategies

- ◆ Congratulate and support progress
- ◆ Continue to monitor health



Distributions of Smokers by Stage: International Comparison and Association with Smoking Prevalence

	American	European
Pre-contemplation	40%	74%
Contemplation	40%	22%
Preparation	20%	4%

Precontemplation



**No,
I'm Not
Ready
to Quit.**

Even if you're
not ready to give
up cigarettes,
think about why
you do smoke and
what lies ahead.



Chronic Disease & Tobacco Prevention

Contemplation



**Maybe.
I'm
Thinking
About
Quitting.**

Smoking is the single greatest
cause of preventable illness and
death. Each year it snuffs out more
lives than AIDS, illegal drugs,
alcohol, fires, car accidents,
murders and suicides combined.
In fact, one Texan will die from
smoking in the next 22 minutes.

If you are thinking about quitting,
just remember: making a decision
to quit is one of the most important
things you can do for your health.



Chronic Disease Prevention Branch
Tobacco Prevention & Control

Preparation



**Yes!
I'm
Ready
to
Quit.**

Good for you!
The single most
important thing you can
do to protect your health
is to stop smoking.

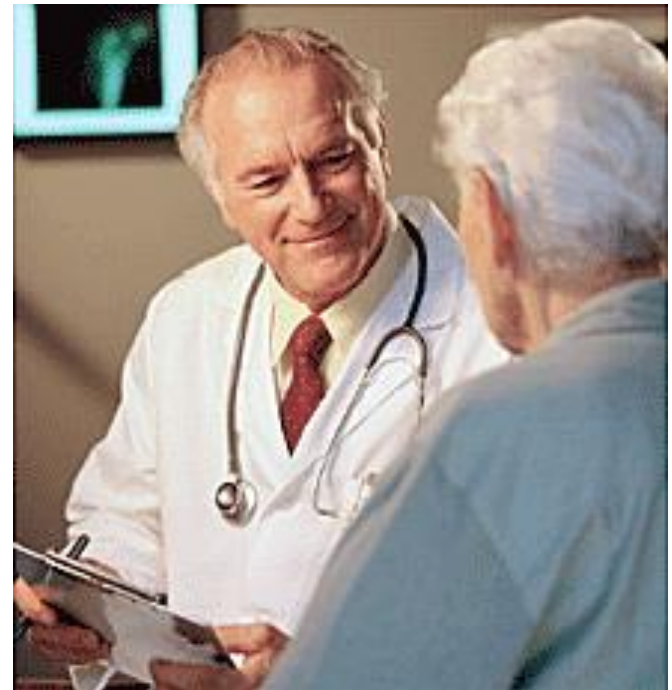
All it takes is a plan
of action and a little help
from people who care.



Chronic Disease Prevention Branch
Tobacco Prevention & Control

Helping Your Patient Quit

- ◆ Tobacco dependence is chronic and requires repeated intervention
- ◆ Every tobacco user should be given the option of quitting by their doctor
- ◆ There are effective programs to help patients quit



Helping Your Patient Quit

- ◆ Patients who are assessed and are willing to try to quit should be offered an intervention
- ◆ Those who are not interested should be provided with a brief intervention regarding why they should consider quitting



Helping Your Patient Quit

- ◆ If a patient is identified as a former smoker who has recently made a quit attempt, they should continually be encouraged to stay quit. (Reinforcement is very important to prevent relapse.)
- ◆ Smoking status should be documented in every patient chart as should encounters with them regarding quitting. This should include the patient's status as a former smoker.

Helping Your Patient Quit

- ◆ You must identify every tobacco user
- ◆ Brief encounters can be very effective in “cueing” a patient to stop
- ◆ There is a strong dose response relationship between the intensity of counseling and effectiveness
- ◆ Person-to-person contact is most effective



Helping Your Patient Quit

- ◆ Various strategies exist to help patients quit
- ◆ Some are available directly from the chiropractor and some are not
- ◆ Advising, providing a quit brochure, reinforcing one's decision to quit and encouraging in cases of relapse are all very important to tobacco users if they are to succeed in their quit attempt

Partner with the Patient's Family Doctor

- ◆ In some cases it will be necessary to have a medication prescribed to enhance the possibility of a successful quit attempt
- ◆ The patient's family doctor should be considered a valuable resource and, with the patient's permission should be involved in the process from the beginning



Common Pharmacotherapies

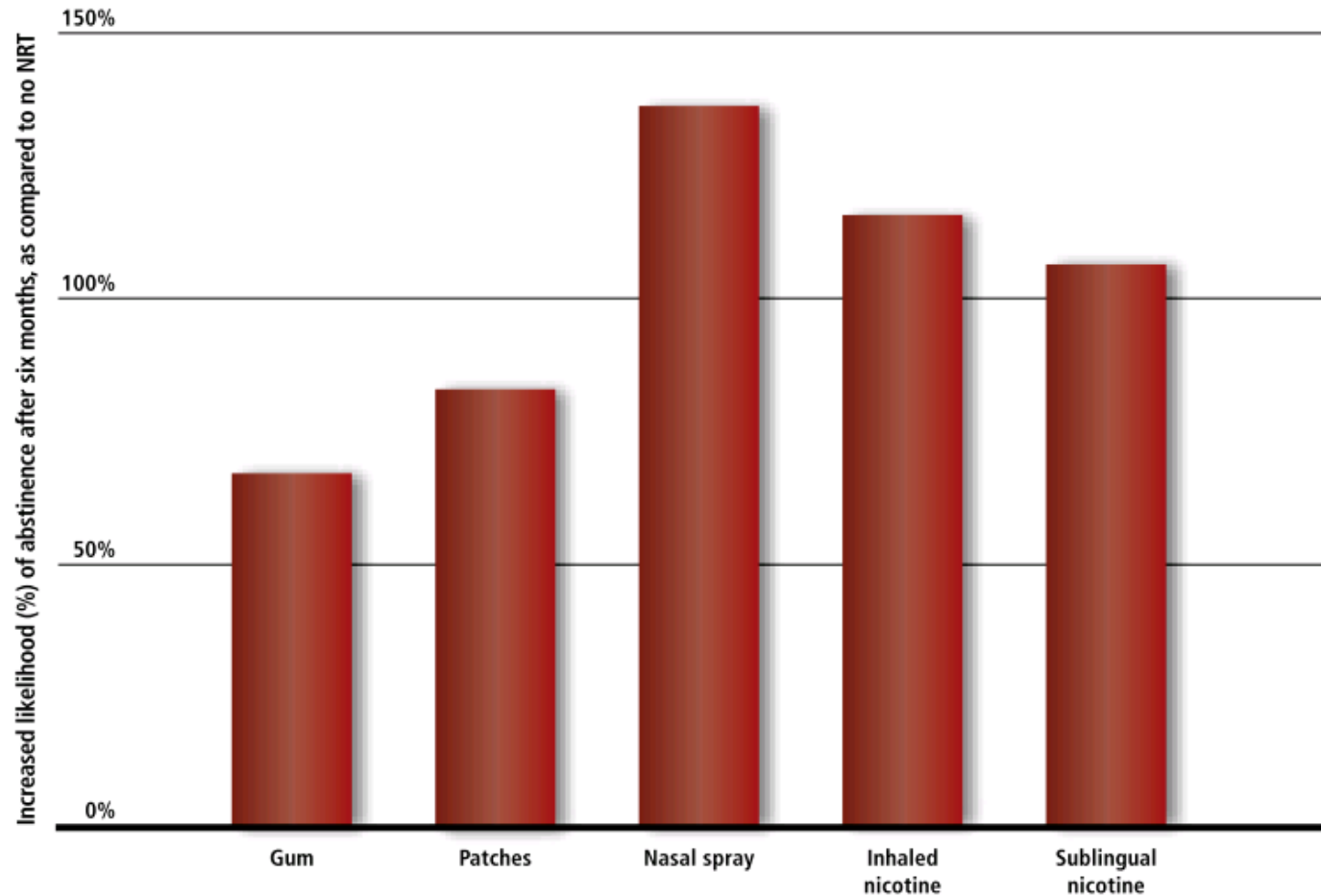
- ◆ Bupropion SR (Zyban)
- ◆ Nicotine gum
- ◆ Nicotine inhaler
- ◆ Nicotine nasal spray
- ◆ Nicotine patch
- ◆ Chantix – new medication



Many are available over-the-counter

No therapy should be left out
unless medically contraindicated!

NICOTINE REPLACEMENT THERAPY (NRT) CAN DOUBLE QUIT RATES



Source: Silagy C, Lancaster T, Stead L, Mant D, Fowler G. *Nicotine replacement therapy for smoking cessation*.
Cochrane Database System Review 2004;(3):CD000146.

Electronic Cigarettes

Battery

Atomizer

Cartridge



An e-Cigarette is a battery powered device that uses an electronic heating element to convert liquid nicotine into a vapor that can be inhaled. Propylene glycol is added to the liquid to generate artificial “smoke” to simulate the appearance of using a “real” cigarette. The WHO refers to these devices as Electronic Nicotine Delivery Systems (ENDS).

e-Cigarettes on David Letterman



<http://www.youtube.com/watch?v=tYZ9jSobfZA&hd=1>

Are e-Cigarettes Safe?

“Although the existing research does not warrant a conclusion that electronic cigarettes are safe in absolute terms and further clinical studies are needed to comprehensively assess the safety of electronic cigarettes, a preponderance of the available evidence shows them to be much safer than tobacco cigarettes and comparable in toxicity to conventional nicotine replacement products.”

Are e-Cigarettes Safe?

The Telegraph



E-cigarettes could save millions of lives, experts tell WHO

Attempts to control e-cigarettes with tobacco regulations could hamper their use to help millions of smokers give up the habit

Public health specialists have urged the World Health Organisation not to "control and suppress" e-cigarettes as the organisation prepares to publish global guidelines on the devices.

A letter signed by 53 researchers and specialists, including health expert Professor Robert West, from University College London, said e-cigarettes have the potential to save millions of lives.

The signatories, which also include experts who produce official advice for the NHS, urged the WHO not to impose regulations on the devices in the same way it does with conventional cigarettes.

The global health advisor is preparing to publish recommendations about e-cigarettes to governments later this year.

The letter, seen by the BBC, said: "These products could be among the most significant health innovations of the 21st Century - perhaps saving hundreds of millions of lives."

By Agencies

8:22AM BST 29 May 2014



Vaping: e-cigarettes safer than smoking, says Public Health England

Relative harms of nicotine products

Criteria include mortality, morbidity and economic costs, which contribute to the overall scores

Cigarettes



Small cigars



Pipes



Cigars



E-cigarettes



Nasal sprays



Oral products



Patches



RCP urges to switch to E-Cigarettes

- ◆ Use of an e-cigarette during a quit attempt is associated with a 50 percent increase in the chances of success
- ◆ There is no evidence that E-cigarettes are a gateway to smoking in young people
- ◆ The RCP said the long-term negative effects from vaping were 'unlikely to exceed 5% of the harm from smoking tobacco'
- ◆ Smokers smoke for nicotine but are killed by tar

Possible Benefits of e-Cigarettes

- ◆ Depending upon the cigarette tax in your state, electronic cigarettes are about 25% the cost of conventional cigarettes.
- ◆ Electronic cigarettes do not create second hand smoke, so can usually be 'vaped' in no smoking areas.
- ◆ Over time the user loses the craving for regular cigarettes and can then gradually decrease the amount of nicotine in the electronic cigarette to eventually quit.

Caution: Avoid Flavored e-Cigarettes

- ◆ Electronic cigarettes (ECs) are novel nicotine-delivery products which have gained popularity among smokers in recent years.
- ◆ The use of flavorings has resulted in a large debate among public health professionals and regulators, suggesting that they can be attractive to youth.
- ◆ Although the majority of flavorings are “Generally Recognized As Safe” (GRAS) for food use, these substances have not been adequately tested for safety when inhaled.

Nicotine Addiction

- ◆ Nicotine, the drug in tobacco, is as addictive as cocaine or heroin
- ◆ As the body adapts to the addiction, the smoker must smoke more cigarettes to achieve the same effect
- ◆ Withdrawal symptoms begin within hours of the last cigarette and can last for days to weeks



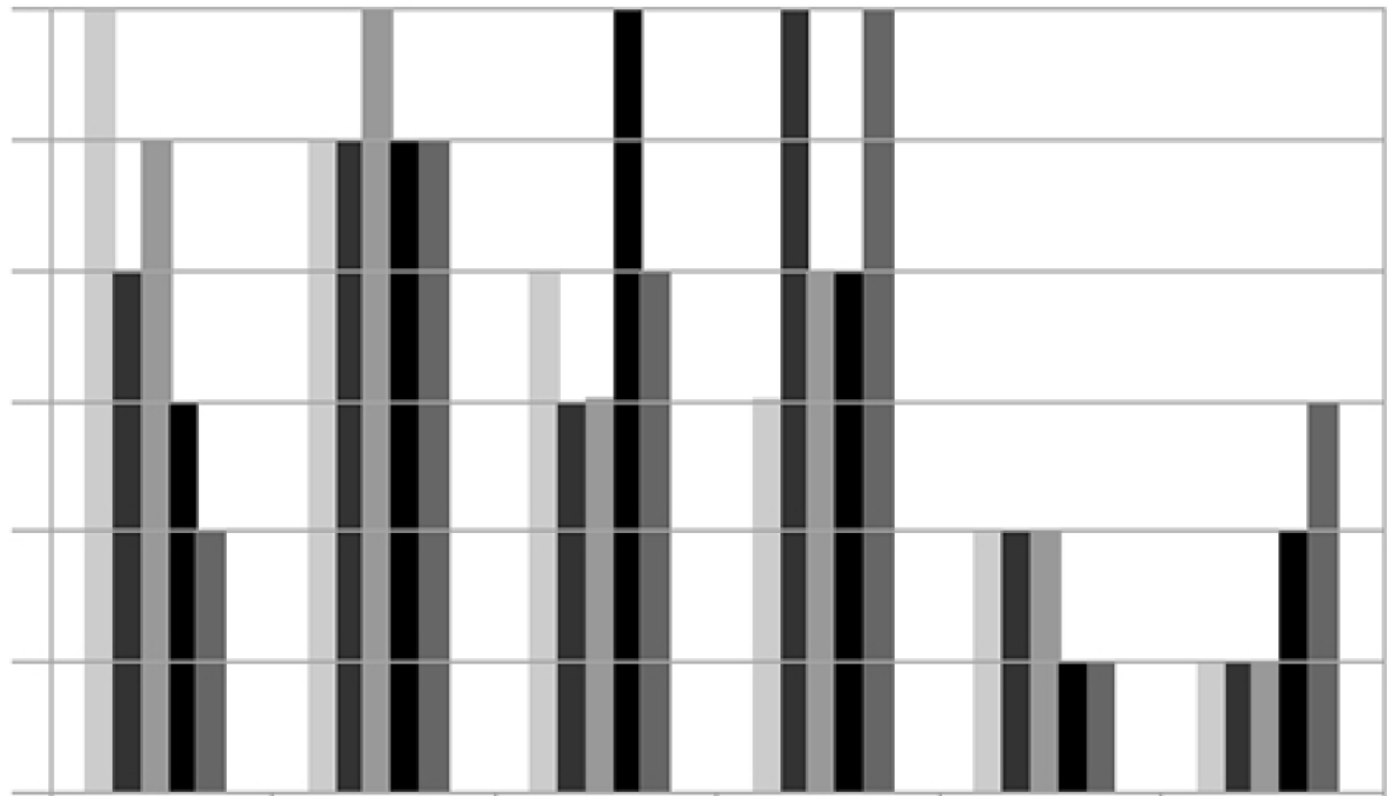
Comparing Dangers of Popular Drugs

(Lower score indicates less serious effect)

MORE
SERIOUS



LESS
SERIOUS



	Nicotine	Heroin	Cocaine	Alcohol	Caffeine	Marijuana
DEPENDENCE	6	5	4	3	2	1
WITHDRAWAL	4	5	3	6	2	1
TOLERANCE	5	6	3	4	2	1
REINFORCEMENT	3	5	6	4	1	2
INTOXICATION	2	5	4	6	1	3

Nicotine Withdrawal Symptoms

- ◆ Withdrawal symptoms can include:
 - Headache
 - Tingling of hands and feet
 - Stomach pains
 - Insomnia
 - Irritability
 - Depression
 - Mental confusion
 - Increased appetite
 - Weight gain

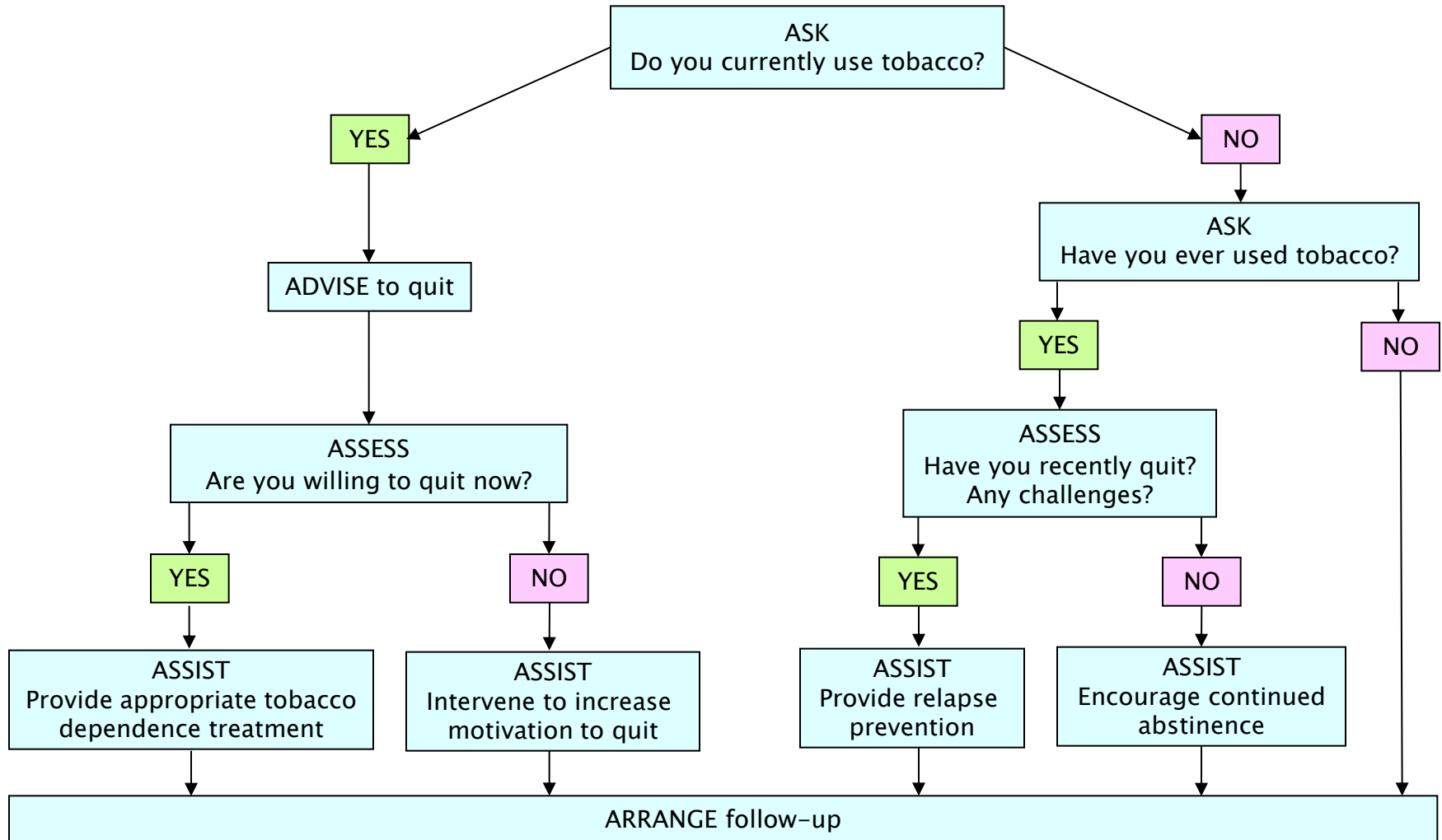


Helping Your Patient Quit

The U.S. Surgeon General promotes the use of the 5A's with patients who smoke:

1. Ask if they smoke
2. Advise them to quit
3. Assess their willingness to quit
4. Assist them in the process of quitting
5. Arrange to follow-up with them on the topic

Tobacco Cessation Using the 5 A's



The 5th Vital Sign

- ◆ Smoking should be considered a 5th vital sign
- ◆ Most smoking patients fall into the following three groups:
 - Willing to make a quit attempt
 - Unwilling to make a quit attempt
 - Former smokers



Asking patients about their status

- ◆ Typically, this is addressed in patient intake forms
- ◆ Expand your exam form to include the 5th vital sign – smoking status

- ☐ Temperature: _____
- ☐ Pulse: _____
- ☐ Respiration: _____
- ☐ Blood pressure: _____ / _____
- ☐ Smoking status: Current Former Never (circle one)

How long? _____ Packs/day? _____

Other tobacco use: _____

Questions for Intake Paperwork

Do you currently smoke or use other tobacco products?

- ☐ Never ☐ Formerly, not now ☐ Yes, currently
- ☐ I'm not interested in quitting right now
- ☐ I'm not able to quit right now
- ☐ I'm thinking about quitting in the next 6 months
- ☐ I'm planning to quit in the next month
- ☐ I'm in the process of quitting right now
- ☐ *Would you like to talk with the doctor about quitting?*

Advising patients to quit

- ◆ Strongly urge all users to quit. Advice should be:
 - CLEAR
“I think it is very important that you quit, and I can help you. Cutting down while you are ill is not enough.”
 - STRONG
“As your doctor, I want you to know that quitting is the most important thing you can do to protect your health.”
 - PERSONALIZED
“Tobacco use is directly affecting your ability to get over this back problem.”

Assessing your patients

- ◆ Ask every tobacco user if they are willing to make a quit attempt at this time (within the next 30 days)
 - Yes → Provide assistance
 - No → Provide motivational intervention
- ◆ USE SPECIAL CIRCUMSTANCES TO YOUR ADVANTAGE. e.g. having a baby, history of smoking related illness with patient or family member

Assist the patient

- ◆ Set a quit date. Ideally the quit date should be within 2 weeks.
- ◆ Tell family, friends, and coworkers about quitting, and request understanding and support.
- ◆ Anticipate challenges to planned quit attempt, particularly during the critical first few weeks, such as nicotine withdrawal symptoms.
- ◆ Remove tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (work, home, car).

Assist the patient

- ◆ Abstinence – Total abstinence is essential.
“Not even a single puff after the quit date.”
- ◆ Past quit experience – Identify what helped and what hurt in previous quit attempts.
- ◆ Discuss anticipated triggers/challenges and how the patient will successfully overcome them.
- ◆ Alcohol – Since alcohol can cause relapse, the patient should consider limiting/abstaining from alcohol while quitting.
- ◆ Other smokers in the household – Encourage housemates to quit or not smoke in their presence.

Assist the patient

Provide written information:

- ◆ “You can quit smoking–consumer guide”
U.S. Department of Health and Human Services,
The Public Health Service. (June, 2000)

Assist the patient

- ◆ The new HHS Quit Line
 - 800-QUIT-NOW
800-784-8669
www.smokefree.gov
- ◆ The American Lung Association
www.americanheart.org
- ◆ The American Heart Association
www.lungusa.org

Tips from the American Cancer Society

- ◆ Don't keep your intention to quit a secret. Tell your friends and family and let them know what they can do to support you.
- ◆ Put it in writing. Write out a contract with yourself and hang it in a prominent place. Your intentions are more concrete once they are in writing. Say it like you mean it. Repeat your reasons for quitting 10 times each night before you go to bed.



Tips from the American Cancer Society

- ◆ Keep smoking "out of sight, out of mind" by clearing the usual places you smoke such as your home, office and car of cigarettes, lighters, matches and ashtrays. Also, ask friends and family members not to smoke around you, and clean your home and car thoroughly to remove the smell of cigarettes.
- ◆ Avoid bars and other places where smokers gather. Instead, go to the movies, museums or other places where smoking is not allowed. Avoid alcohol, coffee and other beverages you associate with smoking.



Tips from the American Cancer Society

- ◆ If you miss the sensation of having a cigarette in your hand, play with something else, such as a pencil, a paper clip or a marble. If you miss having something in your mouth, try toothpicks, cinnamon sticks or celery.
- ◆ Calm the jitters with long strolls and deep breaths of fresh air, and find things to keep your hands busy, such as trying a crossword puzzle or building a model ship.



Tips from the American Cancer Society

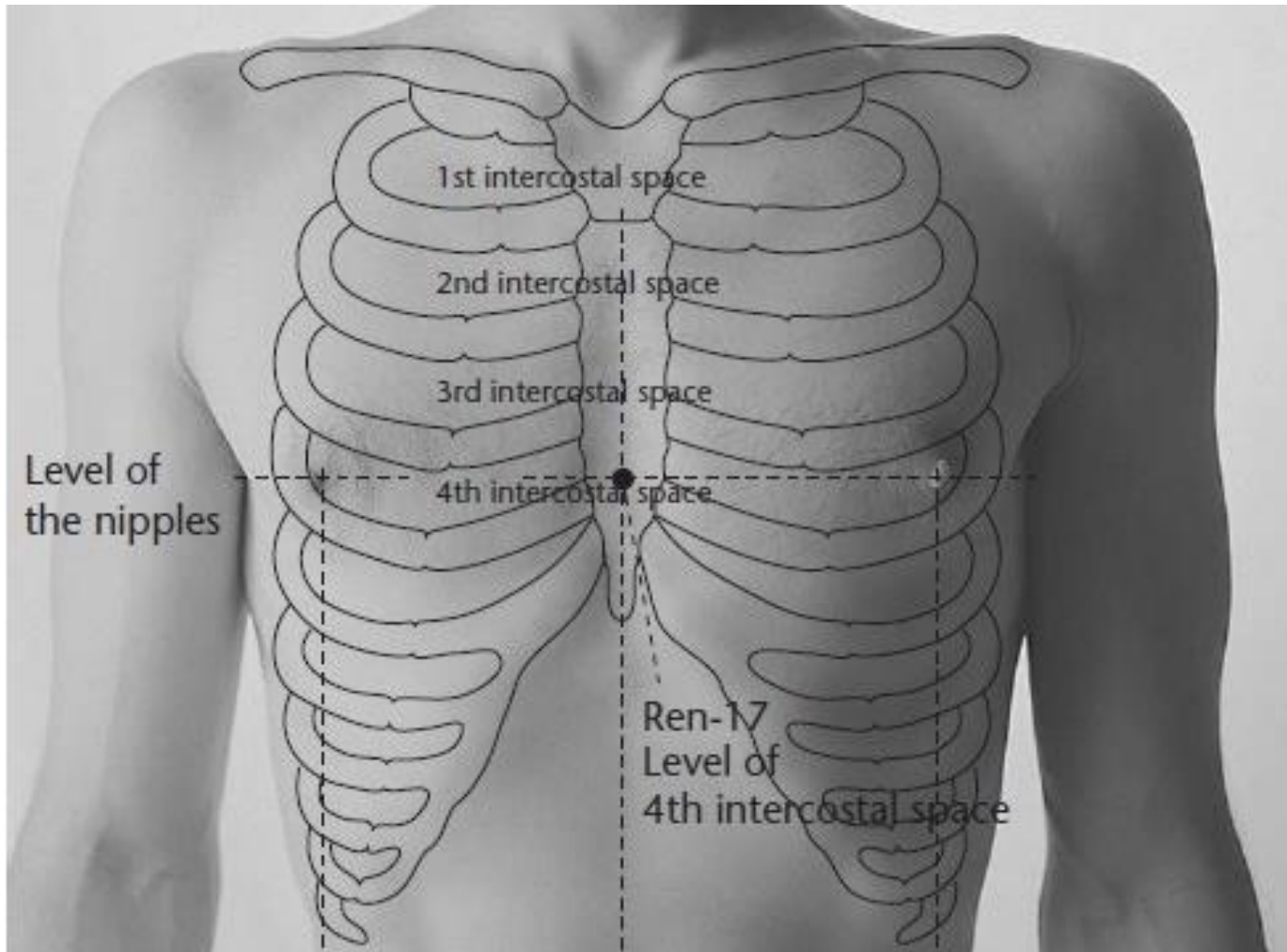
- ◆ Do brief exercises such as pushups, walking up a flight of stairs, or touching your toes.
- ◆ Brush your teeth; keep oral substitutes such as carrots, apples, raisins or gum handy; light incense or a candle instead of a cigarette.
- ◆ Never allow yourself to think "one won't hurt," because it will.



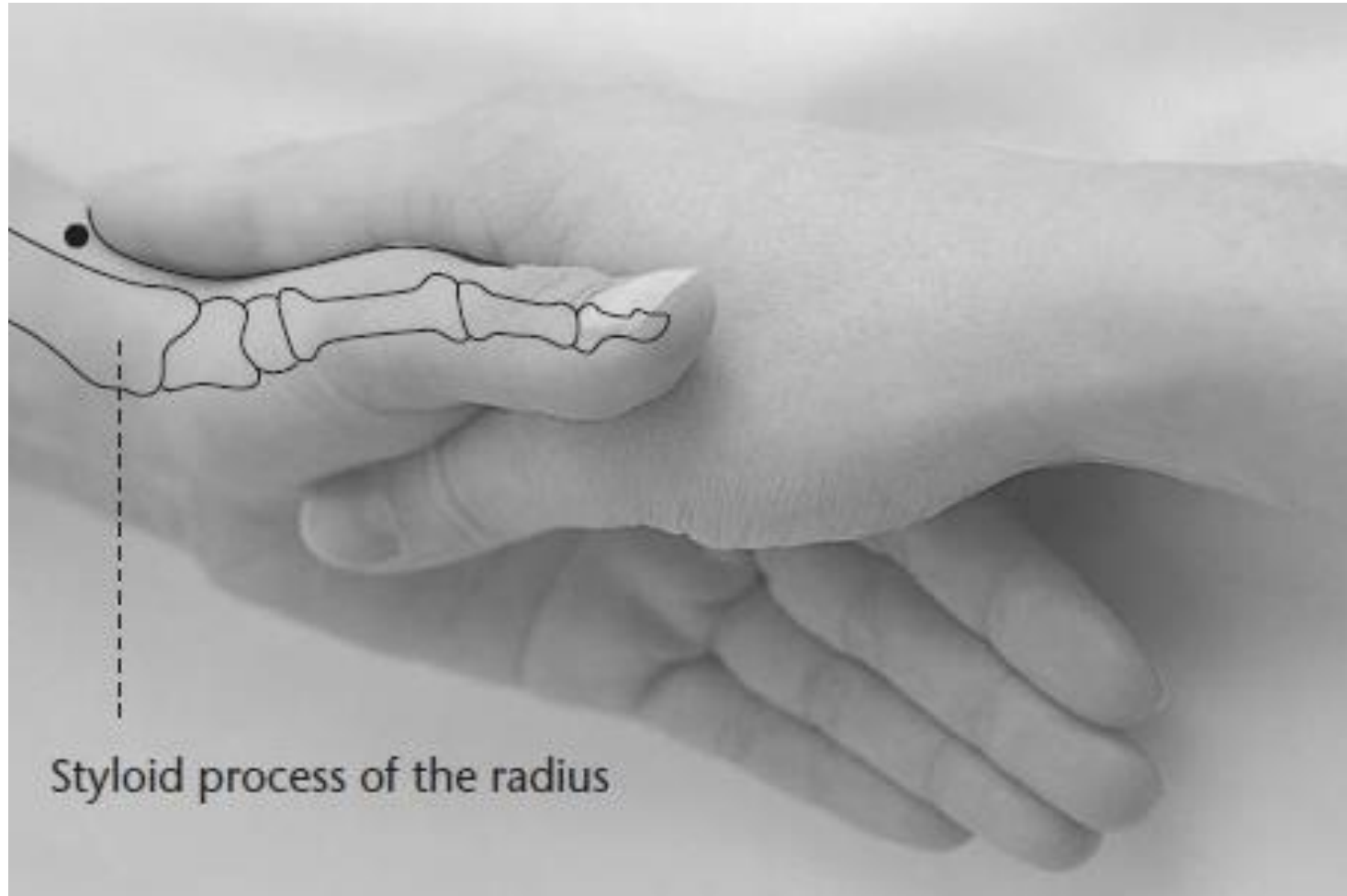
Multifactorial Solutions

- ◆ Instead of doing just one thing, the smoker should use many strategies in their quit attempt, such as:
 - Hypnosis
 - Acupuncture – Dr. John Amaro's formula: CV17, LU7, GB8, ear lobe
 - Behavior modification
 - Nicotine patches
 - Positive mental attitude

Conception Vessel 17

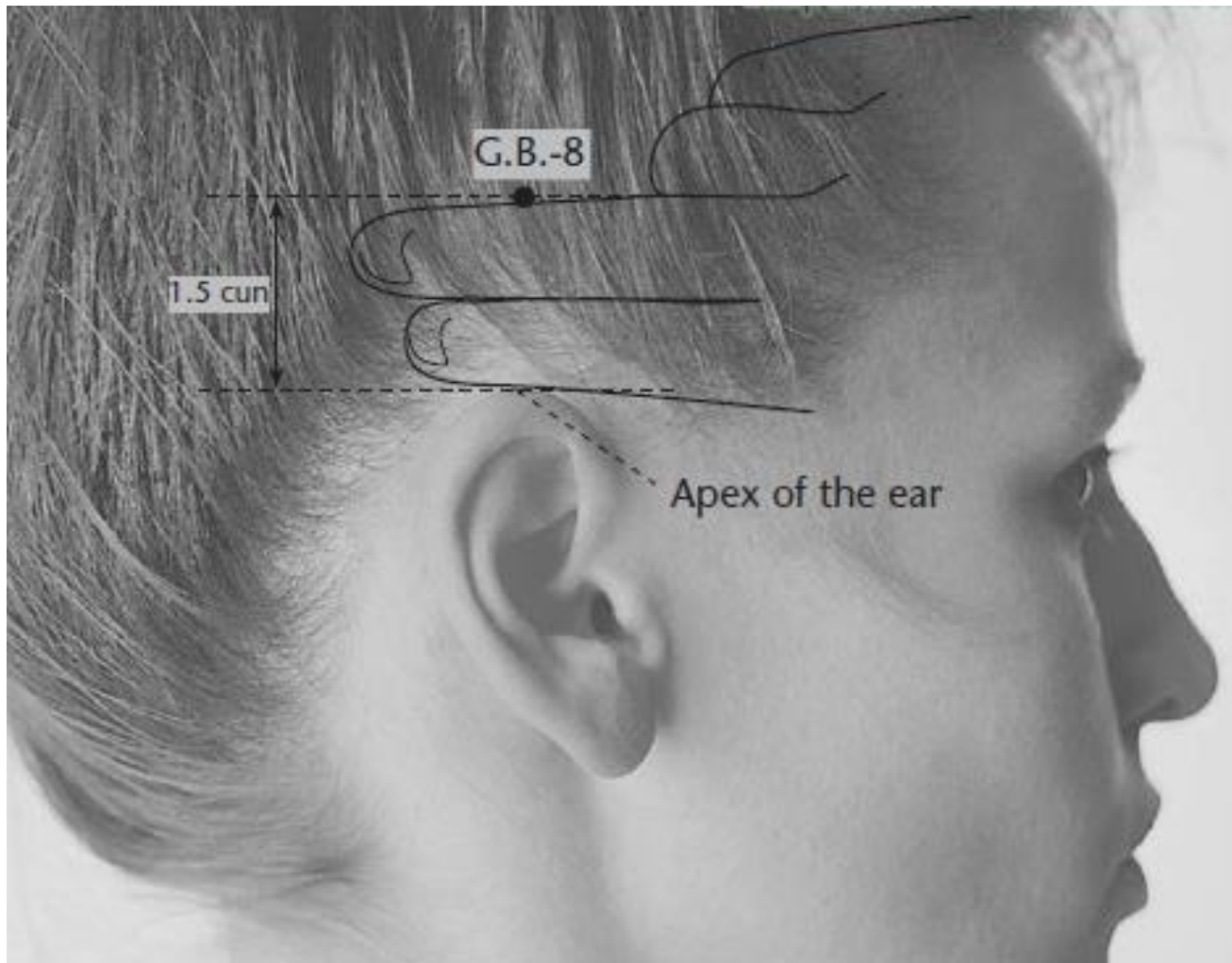


Lung 7



Styloid process of the radius

Gall Bladder 8





Join the millions who are now living
a wonderful smoke-free life!

